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State of California—Health and Human Services Agency  
**Department of Health Services**



GRAY DAVIS  
Governor

June 7, 2002

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons  
All County Health Executives  
All County Mental Health Directors

Letter No.: 02-32

## NEW EW11 TRANSACTION AND SCREENS

### PURPOSE

The purpose of this letter is to provide background information and instructions on the Medi-Cal Eligibility Data System (MEDS) EW11 transaction and screens. The EW11 transaction is being modified to perform real-time updates of any two MEDS records. The goal is to combine information into a single record to the maximum extent possible and keep a linked record, only when necessary, to accommodate conflicting information. This transaction is extremely powerful and basically irreversible.

Another objective is to allow State entities such as Healthy Families and Children's Medical Services to combine their own records by performing HF11 or GZ11 transactions based on the transaction prefix and the eligibility data on both records. MEDS security will check for authorization of the user identification (ID) and only those transactions from authorized users will be allowed access to combine the proper data.

### BACKGROUND

The EW11 is an online only transaction that is used to consolidate recipient eligibility information when more than one record has been established on MEDS for the same person. Multiple records may occur due to errors in reporting the Social Security number (SSN) or eligibility under several different county IDs for a person who either did not provide or did not have a SSN at the time they applied for aid. The county determines which multiple records belong to the same individual and identifies them to MEDS, via an EW11 transaction, in order to combine and/or link the records together.



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Currently, the EW11 transactions either link or combine two MEDS records based on eligibility and require one of the two records being consolidated be terminated. If any eligibility exists for any time period on both records being processed, a link is done. A link is where both MEDS records remain; however, one record becomes the ongoing active record, and the other the frozen record. Once the record is frozen, no new eligibility can be established on that record. If any eligibility exists for any time period on only one of the two records being processed, a "combine" is done. A combine means the records are combined into one ongoing active record, and the record with no eligibility is deleted from MEDS after its information has been moved to the ongoing active record. Currently, a combine only occurs when a Medi-Cal record is consolidated with a food stamp-only record or a record with no eligibility.

#### **SYSTEM PROBLEMS IDENTIFIED**

- Counties are unable to combine eligibility information onto a single record.
- Counties are unable to combine/link minor consent or active HF records.
- Counties are unable to combine and/or link two records when both records have an active status in different segment types (e.g. CalWORKs/Medi-Cal and Food Stamps).
- Counties cannot choose which Client Index Number (CIN) should be the primary CIN on the ongoing record.
- EW11 processing decides what information will be on the ongoing MEDS record based on Medi-Cal without considering food stamp-only and Able Bodied Adults Without Dependents (ABAWD) information.
- County ID edits are too restrictive when the records are not currently active.
- Due to the complexity of the system, users do not always get the results intended when combining records, which leads to manual intervention.
- Counties are unable to consolidate recipient information when a Health Insurance Claim (HIC) number is present in a 'bad' record.
- It is difficult to determine which 14-digit county ID to use when linking a record with multiple 14-digit numbers and history is over one year old.

- Problems occur when doing an EW11 on a terminated foster care case that has rolled into aid code 38 and there is no matching cross-reference file record.
- At times, it is difficult to get cooperation from another county when one of the records being combined belongs to that county.
- Counties must often issue a Beneficiary Identification Card (BIC) to make the current CIN have the most recent card issued date.

## **OBJECTIVES**

- Provide interactive screens that give the user/operator selection options when combining and/or linking two MEDS records.
- Accept EW11 transactions between 2 a.m. and 5 p.m. only.
- Determine whether the operator is allowed to do the EW11, MB11, HF11, or GZ11 transaction based on the transaction prefix and the eligibility data on both records. (Checks for authorization of the user are done by the MEDS security.)
- Require the MEDS-ID, date of birth, and CIN to identify the two records for file clearance.
- Determine whether there are eligibility conflicts, which will not allow a combine or link.
- Display error and/or confirmation messages at the bottom of the screen.
- Determine what data is user-selected or system-selected for the ongoing record, based on the data on the two records.
- Permit two active records to be combined and/or linked when records are not active in the same segment types without having to shut down one set of eligibility.
- Allow user/operator to choose which CIN should be the primary CIN on the ongoing record in addition to choosing which MEDS-ID is appropriate.
- If there is any ongoing active status on either record, the county/entity initiating the transaction must match one of the ongoing active status indicators.
- Provide the ability to combine and/or link minor consent records.

- Provide the ability for the system to determine which data can be selectable by the user.
- Provide the ability for the user/operator to choose which set(s) of selectable data will be on the ongoing record.
- Generate a BIC card when requested on screen 4.

The table below lists several of the processes that have been modified with the implementation of the new EW11 transaction:

**Previous EW11 Transaction**

**Revised EW11 Transaction**

<ul style="list-style-type: none"> <li>• Allows only counties or the MEDS Hotline to do an EW11 transaction.</li> </ul>	<ul style="list-style-type: none"> <li>• Allows counties (EW11), Healthy Families (HF11), CCS (GZ11), and Medi-Cal Eligibility Branch (MEB) (MB11) to perform transaction as appropriate.</li> </ul>
<ul style="list-style-type: none"> <li>• Does not allow minor consent records to be combined.</li> <li>• Does not combine records with active Healthy Families data.</li> <li>• Deletes food stamp data from the frozen record.</li> </ul>	<ul style="list-style-type: none"> <li>• Allows an "11" transaction to combine or link all types of eligibility and client data, including, but not limited to, minor consent, food stamp, HF.</li> </ul>
<ul style="list-style-type: none"> <li>• Generates batch MEDS worker alerts for file clearance errors and eligibility conflicts.</li> </ul>	<ul style="list-style-type: none"> <li>• Provides online error messages for the file clearance errors and eligibility conflicts.</li> </ul>
<ul style="list-style-type: none"> <li>• Determines which data is to be on the ongoing and frozen records.</li> </ul>	<ul style="list-style-type: none"> <li>• Determines which set(s) of data is selectable by the user.</li> <li>• Allows user to choose the set of data for the ongoing record as appropriate.</li> </ul>

### **Previous EW11 Transaction**

### **Revised EW11 Transaction**

<ul style="list-style-type: none"> <li>Changes a "real" MEDS ID (SSN) on the frozen record to the next-available pseudo MEDS ID and moves "7" to the Social Security Number (SSN) verification code on the frozen record.</li> </ul>	<ul style="list-style-type: none"> <li>Changes a "real" MEDS ID on the frozen record to the next-available pseudo MEDS ID and moves "7" to the SSN verification code on the frozen record.</li> </ul>
<ul style="list-style-type: none"> <li>Generates batch MEDS worker alerts to inform interested parties that their data has been combined or linked.</li> </ul>	<ul style="list-style-type: none"> <li>Generates batch MEDS worker alerts to inform interested parties that their data has been combined or linked.</li> </ul>
<ul style="list-style-type: none"> <li>A fatal error is generated when the SSN on the to-be-frozen record is verified.</li> </ul>	<ul style="list-style-type: none"> <li>Only one of the SSNs can be verified, not both.</li> </ul>
<ul style="list-style-type: none"> <li>A fatal error is generated when the ongoing record has active SSI.</li> </ul>	<ul style="list-style-type: none"> <li>One record can have an active Social Security Income (SSI) status. The system will select the SSN (MEDS ID) of the SSI record as the ongoing MEDS ID.</li> </ul>
<ul style="list-style-type: none"> <li>A fatal error is generated when the ongoing or to-be-frozen records contain minor consent data in current or history months.</li> </ul>	<ul style="list-style-type: none"> <li>An online message will be generated when one record contains minor consent data and the other record is not minor consent or is not truncated.</li> </ul>
<ul style="list-style-type: none"> <li>A fatal error is generated when no ongoing/frozen relation is determined. The to-be-frozen record has pending primary eligibility data, case number, SOC or active SSI.</li> </ul>	<ul style="list-style-type: none"> <li>Either or neither record can have ongoing active eligibility in any eligibility segment type. Both records cannot have ongoing active eligibility in the same eligibility segment type.</li> </ul>
<ul style="list-style-type: none"> <li>A fatal error is generated when HIC numbers are present on each record and did not match.</li> </ul>	<ul style="list-style-type: none"> <li>Both records can have a HIC number, and the HIC numbers do not have to match.</li> </ul>
<ul style="list-style-type: none"> <li>The to-be-frozen record is deleted when both records have current or pending FS data present.</li> </ul>	<ul style="list-style-type: none"> <li>Either or both records can have FS and/or ABAWD data. The system or user-selected data will be on the ongoing record; the non-selected data will be on the to-be-frozen record.</li> </ul>
<ul style="list-style-type: none"> <li>A warning message is issued when the ongoing current month, the to-be-frozen current month or the history month OHC code did not match.</li> </ul>	<ul style="list-style-type: none"> <li>A batch alert will be issued when a record with a Other Health Coverage (OHC) code of "L" is linked/combined with a record with OHC code of "A" for a given month. The resulting record will contain OHC code of "A".</li> </ul>

## OVERVIEW

- New EW11 online transaction will be implemented June 2002 month of eligibility. MEDS inquiry screens will display the results of the EW11 on the same day the EW11 transaction is performed. In addition, the INQF, INQM, INQ1, INQ2, and INQ3 screens have been modified to display \*\*EW11\*\* on the same day as the EW11 transaction is performed.
- Online and batch error messages have been modified for the EW11 transaction.

## CONSTRAINTS

- Changes made via EW11 will not be accessible for MOPI/POS inquiries until the following day.
- No other transactions should be done for the same person on the same day an EW11 is performed.
- EW11 transactions can be done only between the hours of 2 AM and 5 PM. An online message will be returned when the EW11 transaction is attempted outside of these hours. When the EW11 transaction is attempted after 4:45 PM, an online warning message will be returned.
- Cross-reference file records will not be updated until the nightly batch process. Any cross-reference inquiries made on the same day as the EW11 transaction will return incomplete information until the next business day.

For usage consideration, please contact Ms. Marlene King at (916) 657-0134. For system problems or questions regarding this letter, please contact the MEDS Hotline at (916) 657-1010 or (800) 579-0874.

Sincerely,

ORIGINAL SIGNED BY

Richard Brantingham  
Acting Chief  
Medi-Cal Eligibility Branch

Enclosures

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## **MEDS USER NETWORK MANUAL**

### **Chapter II- Shared Eligibility Features (MEDS/CDB)**

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#### **A. INQUIRIES**

##### **1. OVERVIEW**

Once you have signed onto the MEDS Network you can choose a number of different screens for inquiries. The following pages contain illustrations of the available screens as well as a basic description of the screens.

In order to assist users in locating the appropriate request screen, there is also an inquiry main menu screen that describes the different types of inquiries and allows selection of the desired request screen. If you already know what type of inquiry request you want, you may go directly to that screen either by entering the four-character transaction name on a blank MEDS screen and pressing the ENTER key, or by depressing the assigned PF key for that function. (See MENU screen on page A2-1).

Recipient inquiry screens are usually requested via the INQR - Recipient Inquiry Request screen, but may also be requested from either the Recipient Name Report or the Whole Case Report.

Most of the inquiry response screens allow you to go directly to another inquiry response screen for the same client.

Once you have accessed a recipient inquiry screen, you may view a different recipient inquiry screen or a cross reference file inquiry screen for the same recipient by entering the transaction code for the next desired screen following the OPTION field at the bottom left hand corner of the current screen. Transaction codes are usually the last two characters of the four-character transaction name. For example, if you are on the INQM screen and want to view the INQP screen, enter "QP". For the HOLD (Burman screen) the entry is "HD".

If you have accessed a recipient inquiry screen from the Recipient Name or the Whole Case Report, you can return to that report by pressing the ENTER key. If you want to view an inquiry screen for another recipient on that report, identify the type of inquiry request next to the desired recipient and press the ENTER key. To return to the Recipient Name and Whole Case Inquiry request screen, press the PF3 key.

If you have accessed a recipient inquiry screen from the Recipient Inquiry Request screen, you can return to that screen by pressing the ENTER key.

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Once you have viewed all the desired recipient inquiry screens for a particular recipient, you may select your next transaction either by using the appropriate PF key or by clearing the screen and entering a transaction name.

A number of the recipient inquiry screens contain calendars to display current, pending and historical information. All of the calendars display current month information in the left-hand column. The heading over that column identifies the MEDS/CDB Current Month/Year (MM-YY). The next column (under the heading PEND) displays pending information to be effective for the upcoming month at the next MEDS/CDB renewal. The remaining columns display a twelve-month history calendar, which contain January through December.

The calendar year is identified above the calendar months with the current year above the next calendar month. An arrow will run to the right over to the month that is the same month as the current MEDS/CDB month but in the prior year. Above that month will be the prior year and an arrow will run to the right edge of the calendar. Note that when January is the current month, the year over "JAN" would be the prior year and the arrow would run all the way across the calendar.

The inquiry screens will reflect the results of the EW11 transaction on the same day. The INQF, INQM, INQ1, INQ2, and INQ3 screens will display **\*\*\*EW11\*\*\*** on line 2 when an EW11 transaction has been done on that day (and the record is to be kept). The other inquiry screens also display the results of the EW11, but they will not have **\*\*\* EW11 \*\*\*** displayed on line 2. When the EW11 transaction has been done on that day and the record is to be deleted, online message #711 "NO RECORD FOUND - EW11 CONSOLIDATION TRANSACTION DONE TODAY" message will appear on line 24 of that inquiry screen.



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### Chapter II- Shared Eligibility Features (MEDS/CDB)

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#### f. INQF - FOOD STAMP INFORMATION

You may access the INQF screen by selecting option "F" from the INQR Menu. You may also access from any other inquiry screen by typing "QF" in the OPTION field at the bottom of that inquiry screen.

This recipient inquiry displays recipient information plus current and pending county operations information; and current, pending and twelve history months of eligibility information for the Food Stamp Program. Note that for Food Stamps the pending information is displayed at the bottom of the screen versus a separate screen. This is different than the INQM screen for Medi-Cal.

```
INQF                ** FOOD STAMP INFORMATION **                BOD - 02/13/02
(1)
CASE-NAME           (2)                DISTRICT   (3)                , (4)
COUNTY-ID          (5)                EW-CODE    (6)                (7)
MEDS-ID             (8)                SSN-VER    (9)
BIRTHDATE           (10)              SEX (11)   GOVT-RESP (12)
CHAINED-ID          (13)              EFF-DT    (14)              ADDRESS-FLAG (15) RECOVERY (16)
PRIOR-MEDS-ID       (17)              LAST-FS-CHG (18)          LAST-FS-TRANS (19)
WELFARE-PGM (20)    DEATH-DT (21)      DEATH-CD (22) TERM-DT (23)
CA-DL/ID-NO (24)    CLIENT-INDEX-NO (25)
ABAWD (26)          ABAWD-EFF-DATE (27)
PGM: M (28) 1 (29)      2 (30)      3 (31)      FS (32)  CW (33)
                2002====> 2001=====
                03-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY (34)
AID (35)
ELIG (36)

===== PENDING FOOD STAMP INFORMATION =====
CASE-NAME (37)                DISTRICT (38)      EFF-DT (39)                ELIG (40)
COUNTY-ID (41)                EW-CODE (42)      REDETERM-MO (43)
===== FUTURE PENDING FOOD STAMP INFORMATION =====
CASE-NAME (37)                DISTRICT (38)      EFF-DT (39)                ELIG (40)
COUNTY-ID (41)                EW-CODE (42)
OPTION < < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
```

The last line on the screen provides the viewer with the ability to go to another inquiry function for this same individual by entering the last two characters of the screen name after the OPTION field. If this screen had been obtained from a REPORT listing, pressing the ENTER key will return to that REPORT listing if no entry is made after the OPTION field. To obtain information on another individual, press the PF24 key for the Main MENU screen or the PF12 key for the Individual INQR inquiry screen.

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## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQF                ** FOOD STAMP INFORMATION **                BOD - 02/13/02
(1)
CASE-NAME           (2)                DISTRICT (3)                , (4)
COUNTY-ID          (5)                EW-CODE (6)                (7)
MEDS-ID             (8)                SSN-VER (9)
BIRTHDATE           (10)              SEX (11) GOVT-RESP (12)
CHAINED-ID          (13)              EFF-DT (14)                ADDRESS-FLAG (15) RECOVERY (16)
PRIOR-MEDS-ID       (17)              LAST-FS-CHG (18)          LAST-FS-TRANS (19)
WELFARE-PGM (20)    DEATH-DT (21)      DEATH-CD (22) TERM-DT (23)
CA-DL/ID-NO (24)    CLIENT-INDEX-NO (25)
ABAWD (26)          ABAWD-EFF-DATE (27)
PGM: M (28) 1 (29) 2 (30) 3 (31) FS (32) CW (33)
                2002====> 2001=====
03-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY (34)
AID (35)
ELIG (36)
===== PENDING FOOD STAMP INFORMATION =====
CASE-NAME (37)                DISTRICT (38) EFF-DT (39)                ELIG (40)
COUNTY-ID (41)                EW-CODE (42) REDETERM-MO (43)
===== FUTURE PENDING FOOD STAMP INFORMATION =====
CASE-NAME (37)                DISTRICT (38) EFF-DT (39)                ELIG (40)
COUNTY-ID (41)                EW-CODE (42)
OPTION ___ < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST

```

### Data elements found on the INQF screen (See Appendix B for field values)

(1)	EW11	***EW11*** will display when an EW11 transaction has been done today on this record.
(2)	CASE NAME	Name for the case.
(3)	DISTRICT	County district number.
(4)	NAME	Name of client (Last, First, Initial).
(5)	COUNTY-ID	County number, aid code, seven digit serial, FBU and person number. If there is no food stamp eligibility, the County-ID may be formatted as for an SSI/SSP recipient. In that case the number "9" and the recipient's SSN replaces the County Serial, FBU and Person Number.
(6)	EW-CODE	The EW number.
(7)	ADDRESS	Current month mailing or residence address for this recipient is displayed. This line may display a c/o address if one is available. See description for RESID-IND field.
(8)	MEDS-ID	Client's SSN or a MEDS assigned pseudo number SSN if the SSN is unknown.

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## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQF                ** FOOD STAMP INFORMATION **                BOD - 02/13/02
(1)
CASE-NAME           (2)                DISTRICT   (3)                , (4)
COUNTY-ID          (5)                EW-CODE    (6)                (7)
MEDS-ID             (8)                SSN-VER     (9)
BIRTHDATE           (10)               SEX (11)   GOVT-RESP (12)
CHAINED-ID          (13)               EFF-DT     (14)                ADDRESS-FLAG (15) RECOVERY (16)
PRIOR-MEDS-ID       (17)               LAST-FS-CHG (18)                LAST-FS-TRANS (19)
WELFARE-PGM (20)    DEATH-DT (21)       DEATH-CD (22) TERM-DT (23)
CA-DL/ID-NO (24)    CLIENT-INDEX-NO (25)
ABAWD (26)          ABAWD-EFF-DATE (27)
PGM:  M (28) 1 (29)                2 (30)                3 (31)                FS (32)  CW (33)
                2002====> 2001=====>
                03-02 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY (34)
AID (35)
ELIG (36)
===== PENDING FOOD STAMP INFORMATION =====
CASE-NAME (37)                DISTRICT (38)                EFF-DT (39)                ELIG (40)
COUNTY-ID (41)                EW-CODE (42)                REDETERM-MO (43)
===== FUTURE PENDING FOOD STAMP INFORMATION =====
CASE-NAME (37)                DISTRICT (38)                EFF-DT (39)                ELIG (40)
COUNTY-ID (41)                EW-CODE (42)
OPTION __ < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST

```

(9)	SSN-VER	Code that identifies the status of the SSN validation process.
(11)	SEX	F for female, M for male.
(12)	GOVT-RESP	Identifies level of government responsible for this record.
(13)	CHAINED-ID	The MEDS-ID Number for another MEDS record that has been permanently linked to this record in MEDS.
(14)	EFF-DT	Effective date of this current status/change.
(15)	ADDRESS-FLAG	Indicates whether this address is a good deliverable address, a presumed deliverable address, or an undeliverable address.
(16)	RECOVERY	Overpayment recovery indicator posted by counties at time of discontinuance if overpayment is outstanding.
(17)	PRIOR-MEDS-ID	The former MEDS ID/Pseudo Number for a MEDS record that has been updated via the EW10 transaction process.
(18)	LAST-FS-CHG	Date the last Food Stamp transaction was posted to CDB.
(19)	LAST-FS-TRANS	The last Food Stamp transaction that was posted to CDB.
(20)	WELFARE-PGM	Historical indicator of programs the recipient received

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## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQF                ** FOOD STAMP INFORMATION **                BOD - 02/13/02
(1)
CASE-NAME           (2)                DISTRICT (3)                , (4)
COUNTY-ID          (5)                EW-CODE  (6)                (7)
MEDS-ID             (8)                SSN-VER (9)
BIRTHDATE           (10)              SEX (11)  GOVT-RESP (12)
CHAINED-ID          (13)              EFF-DT   (14)              ADDRESS-FLAG (15) RECOVERY (16)
PRIOR-MEDS-ID       (17)              LAST-FS-CHG (18)          LAST-FS-TRANS (19)
WELFARE-PGM (20)    DEATH-DT (21)      DEATH-CD (22) TERM-DT (23)
CA-DL/ID-NO (24)    CLIENT-INDEX-NO (25)
ABAWD (26)          ABAWD-EFF-DATE (27)
PGM:  M (28) 1 (29)                2 (30)                3 (31)                FS (32)  CW (33)
                2002====> 2001=====>
                03-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY (34)
AID (35)
ELIG (36)

===== PENDING FOOD STAMP INFORMATION =====
CASE-NAME (37)                DISTRICT (38)          EFF-DT (39)                ELIG (40)
COUNTY-ID (41)              EW-CODE (42)          REDETERM-MO (43)
===== FUTURE PENDING FOOD STAMP INFORMATION =====
CASE-NAME (37)                DISTRICT (38)          EFF-DT (39)                ELIG (40)
COUNTY-ID (41)              EW-CODE (42)
OPTION ___ < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST

```

(21)	DEATH-DT	Date of reported death.
(22)	DEATH-CD	Source reporting death of the recipient.
(23)	TERM-DT	Most recent date of discontinuance from Food Stamps.
(24)	CA-DL/ID-NO	California Driver's License Number, Currently not posted.
(25)	CLIENT-INDEX-NO	A 9-digit number assigned to all records known to MEDS and other Health Services Programs.
(26)	ABAWD	Indicates the ABAWD status of a Food Stamp recipient.
(27)	ABAWD-EFF-DATE	Identifies the beginning date of the 36-month tracking for Food Stamp ABAWD recipients.
(28)- (33)	PGM-ELIG	Indicates which screens have C-current, H-history, P-pending eligibility. See Appendix B.
(34)	COUNTY	Number code for county of responsibility for month identified.
(35)	AID	Aid code for month.
(36)	ELIG	Eligibility status for month.

# MEDS USER NETWORK MANUAL

## Chapter II- Shared Eligibility Features (MEDS/CDB)

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INQF                ** FOOD STAMP INFORMATION **                BOD - 02/13/02
(1)
CASE-NAME           (2)                DISTRICT (3)                , (4)
COUNTY-ID          (5)                EW-CODE  (6)                (7)
MEDS-ID             (8)                SSN-VER (9)
BIRTHDATE           (10)              SEX (11)  GOVT-RESP (12)
CHAINED-ID          (13)              EFF-DT  (14)              ADDRESS-FLAG (15) RECOVERY (16)
PRIOR-MEDS-ID       (17)              LAST-FS-CHG (18)          LAST-FS-TRANS (19)
WELFARE-PGM (20)    DEATH-DT (21)      DEATH-CD (22) TERM-DT (23)
CA-DL/ID-NO (24)    CLIENT-INDEX-NO (25)
ABAWD (26)          ABAWD-EFF-DATE (27)
PGM: M (28) 1 (29) 2 (30) 3 (31) FS (32) CW (33)
                2002====> 2001=====>
                03-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY (34)
AID (35)
ELIG (36)

===== PENDING FOOD STAMP INFORMATION =====
CASE-NAME (37)                DISTRICT (38)          EFF-DT (39)          ELIG (40)
COUNTY-ID (41)              EW-CODE (42)          REDETERM-MO (43)

===== FUTURE PENDING FOOD STAMP INFORMATION =====
CASE-NAME (37)                DISTRICT (38)          EFF-DT (39)          ELIG (40)
COUNTY-ID (41)              EW-CODE (42)

OPTION ___ < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST

```

**The following elements provide information on pending and future month changes for Food Stamps respectively.**

(37)	CASE-NAME	Name for case.
(38)	DISTRICT	County district number.
(39)	EFF-DT	Effective date of current change.
(40)	ELIG	Eligibility status for benefits displayed.
(41)	COUNTY-ID	County code, aid code, serial number, FBU and person number. For SSI/SSP recipient the number "9" and the recipient's SSN replaces the County Serial, FBU and Person Number.
(42)	EW-CODE	EW number.
(43)	REDETERM-MO	Identifies month in which annual redetermination is due.

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## MEDS USER NETWORK MANUAL

### Chapter II- Shared Eligibility Features (MEDS/CDB)

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#### I. INQM - MEDI-CAL/CMSP INFORMATION

You can access the INQM screen by selecting option "M" from the INQR Menu. You may also access from any other inquiry screen by typing "QM" in the OPTION field at the bottom of that inquiry screen.

This recipient inquiry response displays recipient information plus current county operations information and current, pending and twelve history months of eligibility information for regular Medi-Cal and CMSP programs. The INQM is the primary Medi-Cal screen and identifies which program Medi-Cal benefits are issued from unless the recipient is aided in a special program.

INQM		** PRIMARY MEDI-CAL/CMSP INFORMATION **										IBF - 04/01/02	
(1)													
CASE-NAME	(2)	DISTRICT		(3)									(4)
COUNTY-ID	(5)	-	-	EW-CODE	(6)								(7)
MEDS-ID	(8)	SSN-VER(9)		REDETERM-MO		(10)							
BIRTHDATE	(11)	SEX		(12)	GOVT-RESP		(13)						
CHAINED-ID	(14)	LAST-MC/CP-CHG		(15)	ADDRESS-FLAG		(16)	RES-COUNTY		(17)			
PRIOR-MEDS-ID	(18)	LAST-OTH-CHG		(19)	APDP		(20)	PICKLE		(21)	RECOVERY (22)		
WELFARE-PGM	(23)	DEATH-DT		(24)	DEATH-CD		(25)	TERM-DT		(26)	TERM-REAS (27)		
CIN	(28)	HIC-NO		(29)	BIC-ISSUE		(30)	PAPER-ISSUE		(31)			
PGM:	M	(32)	1	(33)	2	(34)	3	(35)	FS	(36)	CW	(37)	
2002=====> 2001=====>													
04-02 PEND		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV DEC	
COUNTY	(38)												
AID-CODE	(39)												
ELIG-STAT	(40)												
SOC-AMT	(41)												
CERT-DAY	(42)												
OHC	(43)												
RESTRICT	(44)												
MEDICARE	(45)												
HCP1-NUM	(46)												
HCP1-STAT	(47)												
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN													

To see detail health care plan (HCP) information for any HCP listed on the screen, place the cursor on that HCP number (A), press the PF13 function key (Shift key and PF1 key). This feature is available on every MEDS screen, which displays a HCP number.

The last line on the screen provides the viewer with the ability to go to another inquiry function for this same individual by entering the last two characters of the screen name after the option field. If this screen had been obtained from a REPORT listing, pressing the ENTER key will return to that REPORT listing if no entry is made after the OPTION field. To obtain information on another individual,

# MEDS USER NETWORK MANUAL

## Chapter II- Shared Eligibility Features (MEDS/CDB)

press the PF24 key for the Main MENU screen or the PF12 key for the Individual INQR inquiry screen.

```

INQM          ** PRIMARY MEDI-CAL/CMSP INFORMATION **          IBF - 04/01/02
(1)
CASE-NAME (2)          DISTRICT (3)          , (4)
COUNTY-ID (5) -      - -      EW-CODE (6)          (7)
MEDS-ID (8)          SSN-VER(9) REDETERM-MO (10)
BIRTHDATE (11)      SEX (12) GOVT-RESP (13)
CHAINED-ID (14)      LAST-MC/CP-CHG (15)      ADDRESS-FLAG(16) RES-COUNTY (17)
PRIOR-MEDS-ID (18)      LAST-OTH-CHG (19)      APDF(20) PICKLE(21) RECOVERY (22)
WELFARE-PGM (23) DEATH-DT (24)      DEATH-CD(25) TERM-DT (26)      TERM-REAS (27)
CIN (28)          HIC-NO (29)          BIC-ISSUE (30)      PAPER-ISSUE (31)
PGM: M (32) 1 (33)          2 (34)          3 (35)          FS (36) CW (37)
                2002=====> 2001=====>
04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY (38)
AID-CODE (39)
ELIG-STAT (40)
SOC-AMT (41)
CERT-DAY (42)
OHC (43)
RESTRICT (44)
MEDICARE (45)
HCP1-NUM (46)
HCP1-STAT (47)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
  
```

### Data elements for the INQM screen

(1)	BURMAN/ EW11	<p>***HOLD*** will display when a case has been placed in a Burman hold but benefits continue to be issued.</p> <p>***EW11*** will display when an EW11 transaction has been done today on this record.</p>
(2)	CASE-NAME	Name for case.
(3)	DISTRICT	County district number
(4)	NAME	Name of client (Last, First, Initial).
(5)	COUNTY-ID	County number, aid code, seven-digit serial number, FBU and person number. For SSI/SSP recipient the number "9" and the recipient's SSN replaces the County Serial, FBU and Person Number.
(6)	EW-CODE	EW number
(7)	ADDRESS	Current month mailing or residence address is displayed. See description for RESID-IND field.
(8)	MEDS-ID	Client's SSN or a MEDS assigned pseudo number SSN if the SSN is unknown.

# MEDS USER NETWORK MANUAL

## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQM          ** PRIMARY MEDI-CAL/CMSP INFORMATION **          IBF - 04/01/02
(1)
CASE-NAME (2)          DISTRICT (3)          , (4)
COUNTY-ID (5) -      - -      EW-CODE (6)          (7)
MEDS-ID (8)          SSN-VER(9) REDETERM-MO (10)
BIRTHDATE (11)          SEX (12) GOVT-RESP (13)
CHAINED-ID (14)          LAST-MC/CP-CHG (15)          ADDRESS-FLAG(16) RES-COUNTY (17)
PRIOR-MEDS-ID (18)          LAST-OTH-CHG (19)          APDP(20) PICKLE(21) RECOVERY (22)
WELFARE-PGM (23) DEATH-DT (24)          DEATH-CD(25) TERM-DT (26)          TERM-REAS (27)
CIN (28)          HIC-NO (29)          BIC-ISSUE (30) ----- PAPER-ISSUE (31)
PGM: M (32) 1 (33)          2 (34)          3 (35)          FS (36) CW (37)
          2002=====> 2001=====>
          04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY (38)
AID-CODE (39)
ELIG-STAT (40)
SOC-AMT (41)
CERT-DAY (42)
OHC (43)
RESTRICT (44)
MEDICARE (45)
HCP1-NUM (46)
HCP1-STAT (47)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
  
```

(9)	SSN-VER	Code that identifies the status of the SSN validation process
(10)	REDETERM-MO	Identifies month in which annual redetermination is due.
(11)	BIRTHDATE	The date of birth for this recipient.
(12)	SEX	F for female, M for male.
(13)	GOVT-RESP	Identifies level of government responsible for this record.
(14)	CHAINED-ID	The MEDS-ID Number for another MEDS record that has been permanently linked to this record on MEDS
(15)	LAST-MC/CP-CHG	Date the last Medi-Cal/CMSP transaction was posted to MEDS.
(16)	ADDRESS-FLAG	Indicates whether this address is a good deliverable address, a presumed deliverable address, or an undeliverable address.
(17)	RES-COUNTY	Identifies the 2-digit code for the county in which the recipient resides for that month. May be different from the county who has responsibility for this individual.
(18)	PRIOR-MEDS-ID	The former MEDS ID/Pseudo Number for a MEDS record that has been updated via the EW10 transaction process.
(19)	LAST-OTH-CHG	Indicates date of changes other than Medi-Cal and Food Stamps.



# MEDS USER NETWORK MANUAL

## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQM          ** PRIMARY MEDI-CAL/CMSP INFORMATION **          IBF - 04/01/02
(1)
CASE-NAME (2)          DISTRICT (3)          , (4)
COUNTY-ID (5) -      - -      EW-CODE (6)          (7)
MEDS-ID (8)          SSN-VER(9) REDETERM-MO (10)
BIRTHDATE (11)      SEX (12) GOVT-RESP (13)
CHAINED-ID (14)      LAST-MC/CP-CHG (15)      ADDRESS-FLAG(16) RES-COUNTY (17)
PRIOR-MEDS-ID (18)      LAST-OTH-CHG (19)      APDP(20) PICKLE(21) RECOVERY (22)
WELFARE-PGM (23)      DEATH-DT (24)      DEATH-CD(25) TERM-DT (26)      TERM-REAS (27)
CIN (28)          HIC-NO (29)          BIC-ISSUE (30)      PAPER-ISSUE (31)
PGM: M (32) 1 (33)          2 (34)          3 (35)          FS (36) CW (37)
          2002=====> 2001=====>
          04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY (38)
AID-CODE (39)
ELIG-STAT (40)
SOC-AMT (41)
CERT-DAY (42)
OHC (43)
RESTRICT (44)
MEDICARE (45)
HCP1-NUM (46)
HCP1-STAT (47)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
  
```

(20)	APDP	Identifies and tracks test populations for Alameda, Los Angeles, San Joaquin and San Bernardino Counties as a result of the Assistance Payments Demonstration Project.
(21)	PICKLE	Pickle Type and Status. Identifies classification for evaluating Pickle eligibility.
(22)	RECOVERY	Overpayment recovery indicator posted by counties at time of discontinuance if overpayment is outstanding
(23)	WELFARE-PGM	Historical indicator of programs the recipient received since 1981
(24)	DEATH-DT	Date of reported death.
(25)	DEATH-CD	Source reporting death of the recipient
(26)	TERM-DT	Most recent date of discontinuance from Medi-Cal
(27)	TERM-REAS	Most recent cause of discontinuance from Medi-Cal. There are some reason codes that are unique to MEDS. Some codes, however, are specific to a county use and do not cross over to other counties.
(28)	CIN	A unique 9-digit number assigned to all records known to MEDS and other Health Services programs.
(29)	HIC-NO	The Health Insurance Claim Number from which the recipient receives Medicare benefits.
(30)	BIC-ISSUE	Date last permanent BIC identification card was issued.

# MEDS USER NETWORK MANUAL

## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQM          ** PRIMARY MEDI-CAL/CMSP INFORMATION **          IBF - 04/01/02
(1)
CASE-NAME (2)          DISTRICT (3)          , (4)
COUNTY-ID (5) -      - -      EW-CODE (6)          (7)
MEDS-ID (8)          SSN-VER(9) REDETERM-MO (10)
BIRTHDATE (11)          SEX (12) GOVT-RESP (13)
CHAINED-ID (14)          LAST-MC/CP-CHG (15)          ADDRESS-FLAG(16) RES-COUNTY (17)
PRIOR-MEDS-ID (18)          LAST-OTH-CHG (19)          APDP(20) PICKLE(21) RECOVERY (22)
WELFARE-PGM (23) DEATH-DT (24)          DEATH-CD(25) TERM-DT (26)          TERM-REAS (27)
CIN (28)          HIC-NO (29)          BIC-ISSUE (30) ----- PAPER-ISSUE (31)
PGM: M (32) 1 (33)          2 (34)          3 (35)          FS (36) CW (37)
          2002=====> 2001=====>
          04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY (38)
AID-CODE (39)
ELIG-STAT (40)
SOC-AMT (41)
CERT-DAY (42)
OHC (43)
RESTRICT (44)
MEDICARE (45)
HCP1-NUM (46)
HCP1-STAT (47)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN

```

(31)	PAPER-ISSUE	Date last temporary paper identification card was issued.
(32)- (37)	PGM-ELIG	Indicates which program(s) and eligibility period(s) the recipient has eligibility. See Appendix B.
For each month listed in the calendar, when information is available		
(38)	COUNTY	County code for month.
(39)	AID-CODE	Aid code for month.
(40)	ELIG-STAT	Eligibility status for month.
(41)	SOC-AMT	The amount that the recipient must obligate or pay for medical services before Medi-Cal will authorize benefits.
(42)	CERT-DAY	Date the Medi-Cal share of cost is met.
(43)	OHC	Other Health Coverage that the beneficiary may have from any other source including Healthy Families.
(44)	RESTRICT	Restrictions on Medi-Cal benefits.
(45)	MEDICARE	Indicates status of Medicare Part A and B.
(46)	HCP1-NUM	The 3-digit identification number of the Health Care Plan. If a single asterisk (*) or 4 sequential asterisks (****) appear in this field, the individual is enrolled in another health care plan. Go to INQH and INQI screens to see additional health care plan information.
(47)	HCP1-STAT	The enrollment status of the Health Care Plan.

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## MEDS USER NETWORK MANUAL

### Chapter II- Shared Eligibility Features (MEDS/CDB)

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**p.    INQ1 - SPECIAL PROGRAM 1 INFORMATION**

You can access the INQ1 screen by selecting option "1" from the INQR Menu. You may also access from any other inquiry screen by typing "Q1" in the OPTION field at the bottom of that inquiry screen.

This recipient inquiry response displays recipient information plus current county operations information and current, pending and twelve history months of eligibility information for one of the special programs (either out-of state foster care or, limited scope Medi-Cal, Percentage Programs, QMB and other Medicare programs, or CMSP programs which may overlap regular Medi-Cal or CMSP eligibility).

INQ1		** SPECIAL PROGRAM 1 INFORMATION **				IBF - 04/01/02				
(1)										
CASE-NAME	(2)	DISTRICT		(3)	(4)					
COUNTY-ID	(5)	EW-CODE		(6)	(7)					
MEDS-ID	(8)	SSN-VER	(9)	REDETERM-MO	(10)	(11)				
BIRTHDATE	(12)	SEX	(13)	GOVT-RESP	(14)	(15)	(16)			
CHAINED-ID	(17)	LAST-MC/CP-CHG			(18)	ADDRESS-FLAG		(19)	RES-COUNTY	(20)
PRIOR-MEDS-ID	(21)	LAST-OTH-CHG			(22)	APDP		(23)	PICKLE	(24)
WELFARE-PGM	(26)	DEATH-DT	(27)	DEATH-CD	(28)	TERM-DT	(29)	TERM-REAS		(30)
CIN	(31)	HIC-NO	(32)	BIC-ISSUE	(33)	PAPER-ISSUE		(34)		
PGM:	M	(35)	1	(36)	2	(37)	3	(38)	FS	(39)
									CW	(40)
2002=====> 2001=====>										
	04-02	PEND	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
			SEP	OCT	NOV	DEC				
COUNTY	(41)									
AID-CODE	(42)									
ELIG-STAT	(43)									
SOC-AMT	(44)									
CERT-DAY	(45)									
OHC	(46)									
RESTRICT	(47)									
MEDICARE	(48)									
HCP1-NUM	(49)									
HCP1-STAT	(50)									
OPTION    < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN										

To see detail health care plan (HCP) information for any HCP listed on the screen, place the cursor on that HCP number (A); press the PF13 function key (Shift key and PF1 key). This feature is available on every MEDS screen that displays a HCP number.

The last line on the screen provides the viewer with the ability to go to another inquiry function for this same individual by entering the last two characters of the screen name after the OPTION field. If this screen had been obtained from a REPORT listing, pressing the ENTER key will return to that REPORT listing if no entry is made after the OPTION field. To obtain information on another individual,

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## Chapter II- Shared Eligibility Features (MEDS/CDB)

press the PF24 key for the Main MENU screen or the PF12 key for the Individual INQR inquiry screen.

```

INQ1          ** SPECIAL PROGRAM 1 INFORMATION **          IBF - 04/01/02
(1)
CASE-NAME      (2)          DISTRICT      (3)          (4)          ,
COUNTY-ID     (5)          EW-CODE       (6)          (7)
MEDS-ID        (8)          SSN-VER(9) REDETERM-MO (10)          (11)
BIRTHDATE      (12)          SEX(13) GOVT-RESP (14)          (15) (16)
CHAINED-ID     (17)          LAST-MC/CP-CHG (18)          ADDRESS-FLAG(19) RES-COUNTY (20)
PRIOR-MEDS-ID (21)          LAST-OTH-CHG (22)          APDP(23) PICKLE(24) RECOVERY (25)
WELFARE-PGM (26) DEATH-DT (27)          DEATH-CD(28) TERM-DT(29)          TERM-REAS (30)
CIN (31)          HIC-NO (32)          BIC-ISSUE (33)          PAPER-ISSUE (34)
PGM: M (35) 1 (36)          2 (37)          3 (38)          FS (39) CW (40)
                2002=====> 2001=====
                04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY        (41)
AID-CODE       (42)
ELIG-STAT      (43)
SOC-AMT        (44)
CERT-DAY       (45)
OHC            (46)
RESTRICT       (47)
MEDICARE       (48)
HCP1-NUM       (49)
HCP1-STAT      (50)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
  
```

Data elements found on the INQ1 screen (See Appendix B for field values)

(1)	BURMAN/ EW11	<p>***HOLD*** will display when a case has been placed in a Burman hold but benefits continue to be issued.</p> <p>***EW11*** will display when an EW11 transaction has been done today on this record.</p>
(2)	CASE NAME	Payee name for the case.
(3)	DISTRICT	County district number.
(4)	NAME	Name of client (Last, First, Initial).
(5)	COUNTY-ID	County number-aid code-seven digit serial number-FBU-person number. For SSI/SSP recipient the number "9" and the recipient's SSN replaces the County Serial, FBU and Person Number.
(6)	EW-CODE	The EW number.
(7)	ADDRESS	Current month mailing or residence address for this recipient is displayed. See description for RESID-IND field.
(8)	MEDS-ID	Client's SSN or a MEDS assigned pseudo number SSN if the SSN is unknown.

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## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQ1          ** SPECIAL PROGRAM 1 INFORMATION **          IBF - 04/01/02
(1)
CASE-NAME      (2)          DISTRICT      (3)          (4)          ,
COUNTY-ID     (5)          EW-CODE       (6)          (7)
MEDS-ID        (8)          SSN-VER(9) REDETERM-MO (10)          (11)
BIRTHDATE      (12)          SEX(13) GOVT-RESP (14)          (15) (16)
CHAINED-ID     (17)          LAST-MC/CP-CHG (18)          ADDRESS-FLAG(19) RES-COUNTY (20)
PRIOR-MEDS-ID (21)          LAST-OTH-CHG (22)          APDP(23) PICKLE(24) RECOVERY (25)
WELFARE-PGM    (26) DEATH-DT (27)          DEATH-CD (28) TERM-DT(29)          TERM-REAS (30)
CIN (31)          HIC-NO (32)          BIC-ISSUE (33)          PAPER-ISSUE (34)
PGM: M (35) 1 (36)          2 (37)          3 (38)          FS (39) CW (40)
                2002===== > 2001===== >
04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY        (41)
AID-CODE       (42)
ELIG-STAT      (43)
SOC-AMT        (44)
CERT-DAY       (45)
OHC            (46)
RESTRICT       (47)
MEDICARE       (48)
HCP1-NUM       (49)
HCP1-STAT      (50)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN

```

(9)	SSN-VER	Code that identifies the status of the SSN Validation process.
(10)	REDETERM-MO	Identifies month in which annual redetermination is due.
(11)	STREET	Second line of address, street address. See # 6 on page 2.
(12)	BIRTHDATE	Date of birth for this recipient.
(13)	SEX	M for male, F for female.
(14)	GOVT-RESP	Identifies level of government responsible for this record.
(15)	CITY/STATE	City and state part of the address. See # 6 on page 2.
(16)	ZIP	Zip code part of the address. See # 6 on page 2.
(17)	CHAINED-ID	The MEDS-ID Number for another MEDS record that has been permanently linked to this record in MEDS.
(18)	LAST-MC/CP-CHG	Date the last Medi-Cal/CMSP transaction was posted to MEDS.
(19)	ADDRESS FLAG	Indicates whether this address is a good deliverable address, a presumed deliverable address, or an undeliverable address.
(20)	RES-COUNTY	Identifies the 2-digit code for the county in which the recipient resides for that month. May be different from the county who has responsibility for this individual.
(21)	PRIOR-MEDS-ID	The former MEDS ID/Pseudo Number for a MEDS record that has been updated via the EW10 transaction process.

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## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQ1          ** SPECIAL PROGRAM 1 INFORMATION **          IBF - 04/01/02
(1)
CASE-NAME      (2)          DISTRICT      (3)          (4)          ,
COUNTY-ID     (5)          EW-CODE       (6)          (7)
MEDS-ID --- (8)  -----SSN-VER(9)- REDETERM-MO-- (10)  ----- (11)
BIRTHDATE (12)          SEX(13) GOVT-RESP (14)          (15) (16)
CHAINED-ID (17)          LAST-MC/CP-CHG (18)          ADDRESS-FLAG(19) RES-COUNTY (20)
PRIOR-MEDS-ID (21)          LAST-OTH-CHG (22)          APDP(23) PICKLE(24) RECOVERY (25)
WELFARE-PGM (26) DEATH-DT (27)          DEATH-CD(28) TERM-DT(29)          TERM-REAS (30)
CIN (31)          HIC-NO (32)          BIC-ISSUE (33)          PAPER-ISSUE (34)
PGM: M (35) 1 (36)          2 (37)          3 (38)          FS (39) CW (40)
                2002=====> 2001=====>
                04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY (41)
AID-CODE (42)
ELIG-STAT (43)
SOC-AMT (44)
CERT-DAY (45)
OHC (46)
RESTRICT (47)
MEDICARE (48)
HCP1-NUM (49)
HCP1-STAT (50)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN

```

(22)	LAST-OTH-CHG	Date the last change other than Medi-Cal/CMSP was posted to MEDS. Could be as a result of state input, OHC changes, SSN validation, etc.
(23)	APDP	Identifies and tracks test populations for Alameda, Los Angeles, San Joaquin and San Bernardino Counties as a result of the Assistance Payments Demonstration Project.
(24)	PICKLE	Pickle Type and Status. Identifies classification for evaluating Pickle eligibility.
(25)	RECOVERY	Overpayment recovery indicator posted by counties at time of discontinuance if overpayment is outstanding
(26)	WELFARE-PGM	Historical indicator of programs the recipient received since 1981.
(27)	DEATH-DT	Date of reported death posted to MEDS.
(28)	DEATH-CD	Source of reporting death of the recipient.
(29)	TERM-DT	Most recent date of discontinuance from Medi-Cal.
(30)	TERM-REASON	Most recent cause of discontinuance from Medi-Cal. There are some reason codes that are unique to MEDS. Most codes however are specific to a county use and do not cross over to all counties.

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```

INQ1          ** SPECIAL PROGRAM 1 INFORMATION **          IBF - 04/01/02
(1)
CASE-NAME      (2)          DISTRICT      (3)          (4)          ,
COUNTY-ID     (5)          EW-CODE       (6)          (7)
MEDS-ID        (8)          SSN-VER(9) REDETERM-MO (10)          (11)
BIRTHDATE      (12)          SEX(13) GOVT-RESP (14)          (15)          (16)
CHAINED-ID     (17)          LAST-MC/CP-CHG (18)          ADDRESS-FLAG(19) RES-COUNTY (20)
PRIOR-MEDS-ID (21)          LAST-OTH-CHG (22)          APDP(23) PICKLE(24) RECOVERY (25)
WELFARE-PGM (26) DEATH-DT (27)          DEATH-CD(28) TERM-DT(29)          TERM-REAS (30)
CIN (31)          HIC-NO (32)          BIC-ISSUE (33)          PAPER-ISSUE (34)
PGM: M (35) 1 (36)          2 (37)          3 (38)          FS (39) CW (40)
                2002=====> 2001=====>
                04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY        (41)
AID-CODE       (42)
ELIG-STAT      (43)
SOC-AMT        (44)
CERT-DAY       (45)
OHC            (46)
RESTRICT       (47)
MEDICARE       (48)
HCP1-NUM       (49)
HCP1-STAT      (50)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
  
```

(31)	CIN	A 9-digit number assigned to all records known to MEDS and other Health Services programs.
(32)	HIC-NO	The Health Insurance Claim Number from which the recipient receives Medicare benefits.
(33)	BIC-ISSUE	Date last permanent BIC identification card was issued.
(34)	PAPER-ISSUE	Date last temporary paper identification card was issued.
(35)-(40)	PGM-ELIG	Indicates which screens have C-current, H-history, P-pending eligibility. See Appendix B.
For each month listed in the calendar, when information is available		
(40)	COUNTY	County code for the month.
(41)	AID-CODE	Aid code for the month.
(42)	ELIG-STAT	Eligibility status for the month.
(43)	SOC-AMT	Share of Cost if any for the month.
(44)	CERT-DAY	Date the Medi-Cal share of cost was met.
(45)	OHC	Other Health Coverage that the beneficiary may have from any other source including Healthy Families.
(46)	RESTRICT	Restrictions on Medi-Cal benefits.
(47)	MEDICARE	Indicates status of Medicare Part A and B.

# MEDS USER NETWORK MANUAL

## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQ1                ** SPECIAL PROGRAM 1 INFORMATION **          IBF - 04/01/02
(1)
CASE-NAME           (2)                DISTRICT           (3)          (4)
COUNTY-ID          (5)                EW-CODE            (6)          (7)
MEDS-ID             (8)                SSN-VER(9) REDETERM-MO (10)      (11)
BIRTHDATE           (12)              SEX(13) GOVT-RESP   (14)        (15) (16)
CHAINED-ID (17)      LAST-MC/CP-CHG (18)                ADDRESS-FLAG(19) RES-COUNTY (20)
PRIOR-MEDS-ID (21)    LAST-OTH-CHG (22)                APDP(23) PICKLE(24) RECOVERY (25)
WELFARE-PGM (26) DEATH-DT (27)          DEATH-CD(28) TERM-DT(29)      TERM-REAS (30)
CIN (31)            HIC-NO   (32)          BIC-ISSUE   (33)    PAPER-ISSUE (34)
PGM: M (35) 1 (36)      2 (37)            3 (38)              FS (39)  CW (40)
                2002=====> 2001=====>
                04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY           (41)
AID-CODE           (42)
ELIG-STAT          (43)
SOC-AMT            (44)
CERT-DAY           (45)
OHC                (46)
RESTRICT           (47)
MEDICARE           (48)
HCP1-NUM           (49)
HCP1-STAT          (50)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN

```

(48)	HCP1-NUM	The 3-digit identification number of the HCP identified. If a single asterisk (*) or 4 sequential asterisks (****) appear in this field, the individual is enrolled in another HCP. Go to INQH and INQI screens to see additional HCP information.
(49)	HCP1-STAT	The enrollment status of the HCP member.



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## MEDS USER NETWORK MANUAL

### Chapter II- Shared Eligibility Features (MEDS/CDB)

---

q. INQ2 - SPECIAL PROGRAM 2 INFORMATION

You can access the INQ2 screen by selecting option "2" from the INQR Menu. You may also access from any other inquiry screen by typing "Q2" in the OPTION field at the bottom of that inquiry screen.

This recipient inquiry response displays recipient information plus current county operations information and current, pending and twelve history months of eligibility information for one of the special programs (either out-of state foster care or, limited scope Medi-Cal, Percentage Programs QMB and other Medicare programs, or CMSP programs which may overlap regular Medi-Cal or CMSP eligibility).

INQ2		** SPECIAL PROGRAM 2 INFORMATION **				IBF - 04/01/02						
(1)												
CASE-NAME	(2)	DISTRICT		(3)	(4)							
COUNTY-ID	(5)	EW-CODE		(6)	(7)							
MEDS-ID	(8)	SSN-VER	(9)	REDETERM-MO	(10)	(11)						
BIRTHDATE	(12)	SEX	(13)	GOVT-RESP	(14)	(15)		(16)				
CHAINED-ID	(17)	LAST-MC/CP-CHG			(18)	ADDRESS-FLAG		(19)	RES-COUNTY	(20)		
PRIOR-MEDS-ID	(21)	LAST-OTH-CHG			(22)	APDP		(23)	PICKLE	(24)	RECOVERY	(25)
WELFARE-PGM	(26)	DEATH-DT	(27)	DEATH-CD	(28)	TERM-DT	(29)	TERM-REAS			(30)	
CIN	(31)	HIC-NO	(32)	BIC-ISSUE	(33)	PAPER-ISSUE		(34)				
PGM:	M	(35)	1	(36)	2	(37)	3	(38)	FS	(39)	CW	(40)
2002=====> 2001=====>												
04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC												
COUNTY	(41)											
AID-CODE	(42)											
ELIG-STAT	(43)											
SOC-AMT	(44)											
CERT-DAY	(45)											
OHC	(46)											
RESTRICT	(47)											
MEDICARE	(48)											
HCP1-NUM	(49)											
HCP1-STAT	(50)											
OPTION	< PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN											

To see detail health care plan (HCP) information for any HCP listed on the screen, place the cursor on that HCP number (A); press the PF13 function key (Shift key and PF1 key). This feature is available on every MEDS screen, which displays a HCP number.

The last line on the screen provides the viewer with the ability to go to another inquiry function for this same individual by entering the last two characters of the screen name after the OPTION field. If this screen had been obtained from a REPORT listing, pressing the ENTER key will return to that REPORT listing if no entry is made after the OPTION field. To obtain information on another individual,



# MEDS USER NETWORK MANUAL

## Chapter II- Shared Eligibility Features (MEDS/CDB)

press the PF24 key for the Main MENU screen or the PF12 key for the Individual INQR inquiry screen.

```

INQ2                ** SPECIAL PROGRAM 2 INFORMATION **                IBF - 04/01/02
(1)
CASE-NAME           (2)                DISTRICT           (3)                (4)
COUNTY-ID          (5)                EW-CODE            (6)                (7)
MEDS-ID             (8)                SSN-VER(9) REDETERM-MO (10)                (11)
BIRTHDATE           (12)                SEX(13) GOVT-RESP (14)                (15) (16)
CHAINED-ID          (17)                LAST-MC/CP-CHG (18)                ADDRESS-FLAG(19) RES-COUNTY (20)
PRIOR-MEDS-ID       (21)                LAST-OTH-CHG (22)                APDP(23) PICKLE(24) RECOVERY (25)
WELFARE-PGM (26)    DEATH-DT (27)                DEATH-CD(28) TERM-DT(29)                TERM-REAS (30)
CIN (31)            HIC-NO (32)                BIC-ISSUE (33)                PAPER-ISSUE (34)
PGM: M (35) 1 (36)                2 (37)                3 (38)                FS (39) CW (40)
                2002=====> 2001=====
04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY           (41)
AID-CODE           (42)
ELIG-STAT          (43)
SOC-AMT            (44)
CERT-DAY           (45)
OHC                (46)
RESTRICT           (47)
MEDICARE           (48)
HCP1-NUM           (49)
HCP1-STAT          (50)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
  
```

### Data elements found on the INQ2 screen (See Appendix B for field values)

(1)	BURMAN/ EW11	<p>***HOLD*** will display when a case has been placed in a Burman hold but benefits continue to be issued.</p> <p>***EW11*** will display when an EW11 transaction has been done today on this record.</p>
(2)	Case Name	Payee name for the case.
(3)	DISTRICT	County district number.
(4)	NAME	Name of client (Last, First, Initial).
(5)	COUNTY-ID	County number-aid code-seven digit serial number-FBU-person number. For SSI/SSP recipient the number "9" and the recipient's SSN replaces the County Serial, FBU and Person Number.
(6)	EW-CODE	The EW number.
(7)	ADDRESS	Current month mailing or residence address for this recipient is displayed. See description for RESID-IND field.
(8)	MEDS-ID	Client's SSN or a MEDS assigned pseudo number SSN if the SSN is unknown.

# MEDS USER NETWORK MANUAL

## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQ2                ** SPECIAL PROGRAM 2 INFORMATION **                IBF - 04/01/02
(1)
CASE-NAME           (2)                DISTRICT           (3)                (4)
COUNTY-ID          (5)                EW-CODE            (6)                (7)
MEDS-ID             (8)                SSN-VER(9) REDETERM-MO (10)                (11)
BIRTHDATE           (12)                SEX(13) GOVT-RESP (14)                (15) (16)
CHAINED-ID          (17)                LAST-MC/CP-CHG (18)                ADDRESS-FLAG(19) RES-COUNTY (20)
PRIOR-MEDS-ID (21)                LAST-OTH-CHG (22)                APDP(23) PICKLE(24) RECOVERY (25)
WELFARE-PGM (26) DEATH-DT (27)                DEATH-CD(28) TERM-DT(29)                TERM-REAS (30)
CIN (31)                HIC-NO (32)                BIC-ISSUE (33)                PAPER-ISSUE (34)
PGM: M (35) 1 (36)                2 (37)                3 (38)                FS (39) CW (40)
                2002=====> 2001=====>
04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY            (41)
AID-CODE           (42)
ELIG-STAT          (43)
SOC-AMT            (44)
CERT-DAY           (45)
OHC                (46)
RESTRICT           (47)
MEDICARE           (48)
HCPI-NUM           (49)
HCPI-STAT          (50)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
  
```

(9)	SSN-VER	Code that identifies the status of the SSN Validation process.
(10)	REDETERM-MO	Identifies month in which annual redetermination is due.
(11)	STREET	Second line of address, street address. See # 6 on page 2.
(12)	BIRTHDATE	Date of birth for this recipient.
(13)	SEX	M for male, F for female.
(14)	GOVT-RESP	Identifies level of government responsible for this record.
(15)	CITY/STATE	City and state part of the address. See # 6 on page 2.
(16)	ZIP	Zip code part of the address. See # 6 on page 2.
(17)	Chained-ID	The MEDS-ID Number for another MEDS record that has been permanently linked to this record in MEDS.
(18)	LAST-MC/CP-CHG	Date the last Medi-Cal/CMSP transaction was posted to MEDS.
(19)	ADDRESS FLAG	Indicates whether this address is a good deliverable address, a presumed deliverable address, or an undeliverable address.
(20)	RES-COUNTY	Identifies the 2-digit code for the county in which the recipient resides for that month. May be different from the county who has responsibility for this individual.
(21)	PRIOR-MEDS-ID	The former MEDS ID/Pseudo Number for a MEDS record that has been updated via the EW10 transaction process.

# MEDS USER NETWORK MANUAL

## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQ2                ** SPECIAL PROGRAM 2 INFORMATION **                IBF - 04/01/02
(1)
CASE-NAME           (2)                DISTRICT           (3)                (4)
COUNTY-ID          (5)                EW-CODE            (6)                (7)
MEDS-ID             (8)                SSN-VER(9) REDETERM-MO (10)                (11)
BIRTHDATE           (12)                SEX(13) GOVT-RESP (14)                (15) (16)
CHAINED-ID          (17)                LAST-MC/CP-CHG (18)                ADDRESS-FLAG(19) RES-COUNTY (20)
PRIOR-MEDS-ID (21)                LAST-OTH-CHG (22)                APDP(23) PICKLE(24) RECOVERY (25)
WELFARE-PGM (26) DEATH-DT (27)                DEATH-CD(28) TERM-DT(29)                TERM-REAS (30)
CIN (31)                HIC-NO (32)                BIC-ISSUE (33)                PAPER-ISSUE (34)
PGM: M (35) 1 (36)                2 (37)                3 (38)                FS (39) CW (40)
                2002=====> 2001=====>
04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY (41)
AID-CODE (42)
ELIG-STAT (43)
SOC-AMT (44)
CERT-DAY (45)
OHC (46)
RESTRICT (47)
MEDICARE (48)
HCPI-NUM (49)
HCPI-STAT (50)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
  
```

(22)	<b>LAST-OTH-CHG</b>	Date the last change other than Medi-Cal/CMSP was posted to MEDS. Could be as a result of state input, OHC changes, SSN validation, etc.
(23)	<b>APDP</b>	Identifies and tracks test populations for Alameda, Los Angeles, San Joaquin and San Bernardino Counties as a result of the Assistance Payments Demonstration Project.
(24)	<b>PICKLE</b>	Pickle Type and Status. Identifies classification for evaluating Pickle eligibility.
(25)	<b>RECOVERY</b>	Overpayment recovery indicator posted by counties at time of discontinuance if overpayment is outstanding
(26)	<b>WELFARE-PGM</b>	Historical indicator of programs the recipient received since 1981.
(27)	<b>DEATH-DT</b>	Date of reported death posted to MEDS.
(28)	<b>Death-Cd</b>	Source of reporting death of the recipient.
(29)	<b>TERM-DT</b>	Most recent date of discontinuance from Medi-Cal.
(30)	<b>TERM-REASON</b>	Most recent cause of discontinuance from Medi-Cal. There are some reason codes that are unique to MEDS. Most codes however are specific to a county use and do not cross over to all counties.

# MEDS USER NETWORK MANUAL

## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQ2          ** SPECIAL PROGRAM 2 INFORMATION **          IBF - 04/01/02
(1)
CASE-NAME      (2)          DISTRICT      (3)          (4)
COUNTY-ID     (5)          EW-CODE       (6)          (7)
MEDS-ID        (8)          SSN-VER(9) REDETERM-MO (10)       (11)
BIRTHDATE      (12)        SEX(13) GOVT-RESP (14)       (15) (16)
CHAINED-ID     (17)        LAST-MC/CP-CHG (18)        ADDRESS-FLAG(19) RES-COUNTY (20)
PRIOR-MEDS-ID (21)        LAST-OTH-CHG (22)        APDP(23) PICKLE(24) RECOVERY (25)
WELFARE-PGM (26) DEATH-DT (27)        DEATH-CD(28) TERM-DT(29)        TERM-REAS (30)
CIN (31)        HIC-NO   (32)        BIC-ISSUE (33)        PAPER-ISSUE (34)
PGM: M (35) 1 (36)        2 (37)        3 (38)        FS (39) CW (40)
                2002=====> 2001=====>
04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY      (41)
AID-CODE     (42)
ELIG-STAT    (43)
SOC-AMT      (44)
CERT-DAY     (45)
OHC          (46)
RESTRICT     (47)
MEDICARE     (48)
HCP1-NUM     (49)
HCP1-STAT    (50)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
  
```

(31)	CIN	A 9-digit number assigned to all records known to MEDS and other Health Services programs.
(32)	HIC-NO	The Health Insurance Claim Number from which the recipient receives Medicare benefits.
(33)	BIC-ISSUE	Date last permanent BIC identification card was issued.
(34)	PAPER-ISSUE	Date last temporary paper identification card was issued.
(35)-(40)	PGM-ELIG	Indicates which screens have C-current, H-history, P-pending eligibility. See Appendix B.
For each month listed in the calendar, when information is available		
(40)	County	County code for the month.
(41)	AID-CODE	Aid code for the month.
(42)	ELIG-STAT	Eligibility status for the month.
(43)	SOC-amt	Share of Cost if any for the month.
(44)	CERT-DAY	Date the Medi-Cal share of cost was met.
(45)	OHC	Other Health Coverage that the beneficiary may have from any other source including Healthy Families.
(46)	RESTRICT	Restrictions on Medi-Cal benefits.
(47)	MEDICARE	Indicates status of Medicare Part A and B.

# MEDS USER NETWORK MANUAL

## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQ2                ** SPECIAL PROGRAM 2 INFORMATION **                IBF - 04/01/02
(1)
CASE-NAME           (2)                DISTRICT           (3)                (4)
COUNTY-ID          (5)                EW-CODE            (6)                (7)
MEDS-ID             (8)                SSN-VER(9) REDETERM-MO (10)                (11)
BIRTHDATE           (12)                SEX(13) GOVT-RESP (14)                (15) (16)
CHAINED-ID          (17)                LAST-MC/CP-CHG (18)                ADDRESS-FLAG(19) RES-COUNTY (20)
PRIOR-MEDS-ID       (21)                LAST-OTH-CHG (22)                APDP(23) PICKLE(24) RECOVERY (25)
WELFARE-PGM (26)    DEATH-DT (27)        DEATH-CD(28) TERM-DT(29)                TERM-REAS (30)
CIN (31)            HIC-NO (32)                BIC-ISSUE (33)                PAPER-ISSUE (34)
PGM: M (35) 1 (36)                2 (37)                3 (38)                FS (39) CW (40)
                2002=====> 2001=====
                04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY            (41)
AID-CODE           (42)
ELIG-STAT          (43)
SOC-AMT            (44)
CERT-DAY           (45)
OHC                (46)
RESTRICT           (47)
MEDICARE           (48)
HCP1-NUM           (49)
HCP1-STAT          (50)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN

```

(48)	HCP1-NUM	The 3-digit identification number of the HCP identified. If a single asterisk (*) or 4 sequential asterisks (****) appear in this field, the individual is enrolled in another HCP. Go to INQH and INQI screens to see additional HCP information.
(49)	HCP1-STAT	The enrollment status of the HCP member.

---

## MEDS USER NETWORK MANUAL

### Chapter II- Shared Eligibility Features (MEDS/CDB)

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#### r. INQ3 – SPECIAL PROGRAM 3 INFORMATION

You can access the INQ3 screen by selecting option "3" from the INQR Menu. You may also access from any other inquiry screen by typing "Q3" in the OPTION field at the bottom of that inquiry screen.

This recipient inquiry response displays recipient information plus current county operations information and current, pending and twelve history months of eligibility information for one of the special programs (either out-of state foster care or, limited scope Medi-Cal, Percentage Programs QMB and other Medicare programs, or CMSP programs which may overlap regular Medi-Cal or CMSP eligibility).

INQ3		** SPECIAL PROGRAM 3 INFORMATION **				IBF - 04/01/02						
(1)												
CASE-NAME	(2)	DISTRICT		(3)	(4)							
COUNTY-ID	(5)	EW-CODE		(6)	(7)							
MEDS-ID	(8)	SSN-VER	(9)	REDETERM-MO	(10)	(11)						
BIRTHDATE	(12)	SEX	(13)	GOVT-RESP	(14)	(15)		(16)				
CHAINED-ID	(17)	LAST-MC/CP-CHG		(18)	ADDRESS-FLAG		(19)	RES-COUNTY	(20)			
PRIOR-MEDS-ID	(21)	LAST-OTH-CHG		(22)	APDP		(23)	PICKLE	(24)			
WELFARE-PGM	(26)	DEATH-DT	(27)	DEATH-CD	(28)	TERM-DT	(29)	TERM-REAS	(30)			
CIN	(31)	HIC-NO	(32)	BIC-ISSUE	(33)	PAPER-ISSUE		(34)				
PGM:	M	(35)	1	(36)	2	(37)	3	(38)	FS	(39)	CW	(40)
2002=====> 2001=====>												
04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC												
COUNTY	(41)											
AID-CODE	(42)											
ELIG-STAT	(43)											
SOC-AMT	(44)											
CERT-DAY	(45)											
OHC	(46)											
RESTRICT	(47)											
MEDICARE	(48)											
HCP1-NUM	(49)											
HCP1-STAT	(50)											
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN												

To see detail health care plan (HCP) information for any HCP listed on the screen, place the cursor on that HCP number (A); press the PF13 function key (Shift key and PF1 key). This feature is available on every MEDS screen, which displays a HCP number.

The last line on the screen provides the viewer with the ability to go to another inquiry function for this same individual by entering the last two characters of the screen name after the OPTION field. If this screen had been obtained from a REPORT listing, pressing the ENTER key will return to that REPORT listing if no entry is made after the OPTION field. To obtain information on another individual,



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press the PF24 key for the Main MENU screen or the PF12 key for the Individual INQR inquiry screen.

```

INQ3          ** SPECIAL PROGRAM 3 INFORMATION **          IBF - 04/01/02
(1)
CASE-NAME      (2)          DISTRICT      (3)          (4)
COUNTY-ID     (5)          EW-CODE       (6)          (7)
MEDS-ID        (8)          SSN-VER (9)  REDETERM-MO   (10)         (11)
BIRTHDATE      (12)          SEX (13)    GOVT-RESP   (14)         (15)         (16)
CHAINED-ID     (17)          LAST-MC/CP-CHG (18)        ADDRESS-FLAG (19) RES-COUNTY (20)
PRIOR-MEDS-ID (21)          LAST-OTH-CHG (22)        APDP (23) PICKLE (24) RECOVERY (25)
WELFARE-PGM   (26)          DEATH-DT (27)    DEATH-CD (28)  TERM-DT (29)    TERM-REAS (30)
CIN (31)        HIC-NO   (32)          BIC-ISSUE (33)    PAPER-ISSUE (34)
PGM:  M (35)   1 (36)          2 (37)          3 (38)          FS (39)   CW (40)
                2002=====> 2001=====>
04-02 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      (41)
AID-CODE     (42)
ELIG-STAT    (43)
SOC-AMT      (44)
CERT-DAY     (45)
OHC          (46)
RESTRICT     (47)
MEDICARE     (48)
HCP1-NUM     (49)
HCP1-STAT    (50)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
  
```

Data elements found on the INQ3 screen (See Appendix B for field values)

(1)	BURMAN/ EW11	<p>***HOLD*** will display when a case has been placed in a Burman hold but benefits continue to be issued.</p> <p>***EW11*** will display when an EW11 transaction has been done today on this record.</p>
(2)	Case Name	Payee name for the case.
(3)	DISTRICT	County district number.
(4)	NAME	Name of client (Last, First, Initial).
(5)	COUNTY-ID	County number-aid code-seven digit serial number-FBU-person number. For SSI/SSP recipient the number "9" and the recipient's SSN replaces the County Serial, FBU and Person Number.
(6)	EW-CODE	The EW number.
(7)	ADDRESS	Current month mailing or residence address for this recipient is displayed. See description for RESID-IND field.
(8)	MEDS-ID	Client's SSN or a MEDS assigned pseudo number SSN if the SSN is unknown.

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## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQ3          ** SPECIAL PROGRAM 3 INFORMATION **          IBF - 04/01/00

CASE-NAME      (1)          DISTRICT      (2)          (3)
COUNTY-ID     (4)          EW-CODE       (5)          (6)
MEDS-ID        (7)          SSN-VER(8) REDETERM-MO (9)          (10)
BIRTHDATE      (11)         SEX(12) GOVT-RESP (13)          (14) (15)
CHAINED-ID     (16)         LAST-MC/CP-CHG (17) ADDRESS-FLAG(18) RES-COUNTY (19)
PRIOR-MEDS-ID (20)         LAST-OTH-CHG (21) APDP(22) PICKLE(23) RECOVERY (24)
WELFARE-PGM (25) DEATH-DT (26) DEATH-CD(27) TERM-DT(28) TERM-REAS (29)
CIN (30)        HIC-NO (31) BIC-ISSUE (32) PAPER-ISSUE (33)
PGM: M (34) 1 (35) 2 (36) 3 (37) FS (38) CW (39)
          2000===== > 1999===== >
          04-00 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY      (40)
AID-CODE     (41)
ELIG-STAT    (42)
SOC-AMT      (43)
CERT-DAY     (44)
OHC          (45)
RESTRICT     (46)
MEDICARE     (47)
HCP1-NUM     (48)
HCP1-STAT    (49)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
  
```

(9)	SSN-VER	Code that identifies the status of the SSN Validation process.
(10)	REDETERM-MO	Identifies month in which annual redetermination is due.
(11)	STREET	Second line of address, street address. See # 6 on page 2.
(12)	BIRTHDATE	Date of birth for this recipient.
(13)	SEX	M for male, F for female.
(14)	GOVT-RESP	Identifies level of government responsible for this record.
(15)	CITY/STATE	City and state part of the address. See # 6 on page 2.
(16)	ZIP	Zip code part of the address. See # 6 on page 2.
(17)	Chained-ID	The MEDS-ID Number for another MEDS record that has been permanently linked to this record in MEDS.
(18)	LAST-MC/CP-CHG	Date the last Medi-Cal/CMSP transaction was posted to MEDS.
(19)	ADDRESS FLAG	Indicates whether this address is a good deliverable address, a presumed deliverable address, or an undeliverable address.
(20)	RES-COUNTY	Identifies the 2-digit code for the county in which the recipient resides for that month. May be different from the county who has responsibility for this individual.
(21)	PRIOR-MEDS-ID	The former MEDS ID/Pseudo Number for a MEDS record that has been updated via the EW10 transaction process.

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## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQ3          ** SPECIAL PROGRAM 3 INFORMATION **          IBF - 04/01/02
(1)
CASE-NAME      (2)          DISTRICT      (3)          (4)
COUNTY-ID     (5)          EW-CODE       (6)          (7)
MEDS-ID        (8)          SSN-VER(9)    REDETERM-MO  (10)         (11)
BIRTHDATE      (12)         SEX(13)      GOVT-RESP   (14)         (15)         (16)
CHAINED-ID     (17)         LAST-MC/CP-CHG (18)         ADDRESS-FLAG(19)RES-COUNTY (20)
PRIOR-MEDS-ID  (21)         LAST-OTH-CHG (22)         APDP(23)PICKLE(24)RECOVERY (25)
WELFARE-PGM    (26)         DEATH-DT    (27)         DEATH-CD(28)TERM-DT(29)TERM-REAS (30)
CIN (31)        HIC-NO      (32)         BIC-ISSUE   (33)         PAPER-ISSUE  (34)
PGM: M (35) 1 (36)          2 (37)          3 (38)          FS (39)  CW (40)
                2002=====> 2001=====
04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY        (41)
AID-CODE       (42)
ELIG-STAT      (43)
SOC-AMT        (44)
CERT-DAY       (45)
OHC            (46)
RESTRICT       (47)
MEDICARE       (48)
HCPI-NUM       (49)
HCPI-STAT      (50)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
  
```

(22)	LAST-OTH-CHG	Date the last change other than Medi-Cal/CMSP was posted to MEDS. Could be as a result of state input, OHC changes, SSN validation, etc.
(23)	APDP	Identifies and tracks test populations for Alameda, Los Angeles, San Joaquin and San Bernardino Counties as a result of the Assistance Payments Demonstration Project.
(24)	PICKLE	Pickle Type and Status. Identifies classification for evaluating Pickle eligibility.
(25)	RECOVERY	Overpayment recovery indicator posted by counties at time of discontinuance if overpayment is outstanding
(26)	WELFARE-PGM	Historical indicator of programs the recipient received since 1981.
(27)	DEATH-DT	Date of reported death posted to MEDS.
(28)	Death-Cd	Source of reporting death of the recipient.
(29)	TERM-DT	Most recent date of discontinuance from Medi-Cal.
(30)	TERM-REASON	Most recent cause of discontinuance from Medi-Cal. There are some reason codes that are unique to MEDS. Most codes however are specific to a county use and do not cross over to all counties.

# MEDS USER NETWORK MANUAL

## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQ3          ** SPECIAL PROGRAM 3 INFORMATION **          IBF - 04/01/02
(1)
CASE-NAME      (2)          DISTRICT      (3)          (4)
COUNTY-ID     (5)          EW-CODE       (6)          (7)
MEDS-ID        (8)          SSN-VER (9)  REDETERM-MO (10)   (11)
BIRTHDATE      (12)        SEX (13)    GOVT-RESP (14)   (15)   (16)
CHAINED-ID     (17)        LAST-MC/CP-CHG (18)  ADDRESS-FLAG (19) RES-COUNTY (20)
PRIOR-MEDS-ID (21)        LAST-OTH-CHG (22)  APDP (23) PICKLE (24) RECOVERY (25)
WELFARE-PGM    (26)        DEATH-DT (27)    DEATH-CD (28)  TERM-DT (29)    TERM-REAS (30)
CIN (31)        HIC-NO     (32)          BIC-ISSUE (33)  PAPER-ISSUE (34)
PGM: M (35) 1 (36)        2 (37)        3 (38)        FS (39)  CW (40)
                2002=====> 2001=====>
04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY      (41)
AID-CODE     (42)
ELIG-STAT    (43)
SOC-AMT      (44)
CERT-DAY     (45)
OHC          (46)
RESTRICT     (47)
MEDICARE     (48)
HCP1-NUM     (49)
HCP1-STAT    (50)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
  
```

(31)	CIN	A 9-digit number assigned to all records known to MEDS and other Health Services programs.
(32)	HIC-NO	The Health Insurance Claim Number from which the recipient receives Medicare benefits.
(33)	BIC-ISSUE	Date last permanent BIC identification card was issued.
(34)	PAPER-ISSUE	Date last temporary paper identification card was issued.
(35)- (40)	PGM-ELIG	Indicates which screens have C-current, H-history, P-pending eligibility. See Appendix B.
For each month listed in the calendar, when information is available		
(40)	County	County code for the month.
(41)	AID-CODE	Aid code for the month.
(42)	ELIG-STAT	Eligibility status for the month.
(43)	SOC-amt	Share of Cost if any for the month.
(44)	CERT-DAY	Date the Medi-Cal share of cost was met.
(45)	OHC	Other Health Coverage that the beneficiary may have from any other source including Healthy Families.
(46)	RESTRICT	Restrictions on Medi-Cal benefits.
(47)	MEDICARE	Indicates status of Medicare Part A and B.

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## Chapter II- Shared Eligibility Features (MEDS/CDB)

```

INQ3          ** SPECIAL PROGRAM 3 INFORMATION **          IBF - 04/01/02
(1)
CASE-NAME      (2)          DISTRICT      (3)          (4)
COUNTY-ID     (5)          EW-CODE       (6)          (7)
MEDS-ID        (8)          SSN-VER(9) REDETERM-MO (10)     (11)
BIRTHDATE      (12)        SEX(13) GOVT-RESP (14)        (15) (16)
CHAINED-ID     (17)        LAST-MC/CP-CHG (18) ADDRESS-FLAG(19) RES-COUNTY (20)
PRIOR-MEDS-ID (21)        LAST-OTH-CHG (22) APDP(23) PICKLE(24) RECOVERY (25)
WELFARE-PGM (26) DEATH-DT (27) DEATH-CD (28) TERM-DT(29) TERM-REAS (30)
CIN (31)        HIC-NO (32) BIC-ISSUE (33) PAPER-ISSUE (34)
PGM: M (35) 1 (36) 2 (37) 3 (38) FS (39) CW (40)
          2002===== > 2001===== >
          04-02 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY      (41)
AID-CODE     (42)
ELIG-STAT    (43)
SOC-AMT      (44)
CERT-DAY     (45)
OHC          (46)
RESTRICT     (47)
MEDICARE     (48)
HCP1-NUM     (49)
HCP1-STAT    (50)
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
  
```

(48)	HCP1-NUM	The 3-digit identification number of the HCP identified. If a single asterisk (*) or 4 sequential asterisks (****) appear in this field, the individual is enrolled in another HCP. Go to INQH and INQI screens to see additional HCP information.
(49)	HCP1-STAT	The enrollment status of the HCP member.

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## **MEDS NETWORK USER MANUAL**

### **Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)**

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#### **4. EW11- MEDS RECORD CONSOLIDATION:**

The EW11 is an online only transaction that is used to consolidate recipient eligibility information when more than one record has been established on MEDS for the same person. Multiple records may occur due to errors in reporting the Social Security Number (SSN) or eligibility under several different County IDs for a person who either did not provide or did not have an SSN at the time they applied for aid. The County determines which multiple records belong to the same individual and identifies them to MEDS, via an EW11, in order to consolidate the records. MEDS will determine whether records should be “combined” or “linked” based upon internal processing rules.

The primary purpose of this transaction is to consolidate two MEDS records, not to “fix” the record. If a record needs to be corrected, it must be done the day following the EW11 transaction has been completed.

Another objective is to allow State programs such as Healthy Families (HF) and California Children’s Services/Genetically Handicapped Persons Program (CCS/GHPP) to consolidate their own records. MEDS security will check for authorization of the user and only those transactions from authorized users will be allowed to access the proper data.

#### **EW11 Definitions:**

Please refer to Appendix C, Section 2, Glossary, for definitions.

#### **Usage Considerations:**

- THE EW11 TRANSACTION HAS BEEN MODIFIED TO PERFORM REAL-TIME UPDATES OF ANY TWO RECORDS. THE GOAL IS TO COMBINE INFORMATION INTO A SINGLE RECORD TO THE MAXIMUM EXTENT POSSIBLE AND KEEP A LINKED RECORD, ONLY WHEN NECESSARY, TO ACCOMMODATE CONFLICTING INFORMATION. THIS TRANSACTION IS EXTREMELY POWERFUL AND IRREVERSIBLE. THEREFORE, THIS TRANSACTION SHOULD BE INITIATED ONLY BY THE MOST KNOWLEDGEABLE STAFF, AND AFTER DOING AMPLE RESEARCH. ONLY A FEW PEOPLE IN EACH COUNTY OR STATE ENTITY SHOULD BE GIVEN THE AUTHORITY TO DO EW11 TRANSACTIONS TO PREVENT OR REDUCE THE CHANCE OF INCORRECT USAGE AND OVERLAPPING TRANSACTIONS.

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## **MEDS NETWORK USER MANUAL**

### **Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)**

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IT IS VERY IMPORTANT THAT A COUNTY OR STATE ENTITY BE CERTAIN THAT ALL RECORDS REPRESENT THE SAME PERSON SINCE THE ELIGIBILITY INFORMATION WILL BE CONSOLIDATED INTO A SINGLE RECORD OR SET OF RECORDS. IF YOU HAVE ANY QUESTIONS ABOUT THE GENERAL USE OF THIS TRANSACTION OR ABOUT HOW TO CONSOLIDATE A SET OF RECORDS, PLEASE CALL YOUR MEDS NETWORK LIAISON IN DHS MEDI-CAL ELIGIBILITY BRANCH (MEB) BEFORE ATTEMPTING TO USE THE EW11 SCREENS.

- Do not attempt to do any other transaction (non-EW11) on the records being consolidated on the day the EW11 is performed. An error message will not be generated when another transaction type is attempted.
- Multiple EW11 transactions are needed to consolidate the records when more than two records exist for the same recipient. Only one transaction should be done each day. Inquiries to verify results of the previous EW11 should be done before entering each subsequent EW11 transaction. Online error message number #279 will be generated when more than one EW11 transaction is attempted on the same day.
- EW11 transactions are accepted between 2 a.m. and 5 p.m. only. If the transaction is attempted shortly before 5 p.m., the operator will receive online error message number #276.
- County Welfare Department (CWD) activity has priority over all other non-CWD program activity when determining who has authority to consolidate records. Healthy Families and CCS/GHPP have equal priority for this transaction.
- Inquiries should be done on both records on the same day that the EW11 is to be submitted in order to verify that an EW11 transaction is still needed for these records.
- EW11 transaction will be rejected if eligibility conflicts exist between fields on the two records.
- Two active records may be consolidated when both records are not ongoing-active in the same segment type. If both records are ongoing-active in the segment type, online error message number #270 will be generated.

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## **MEDS NETWORK USER MANUAL**

### **Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)**

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- Two active records may be consolidated when one record is ongoing-active and the other record is current-active in the same segment. Therefore, a record with ongoing-active primary Medi-Cal eligibility can be combined with a record that has current-active primary Medi-Cal eligibility, such as Edwards eligibility. MEDS will select the ongoing-active primary Medi-Cal eligibility for the ongoing record, and the current-active eligibility for the frozen record. The current-active eligibility will be terminated on the frozen record when MEDS Renewal is run.
- Two records with active special program eligibility may be consolidated when there are not more than three different special program eligibility types (i.e. 'CHILD', 'HFAMILY', etc.) between the two records. Otherwise, there is a conflict and online error message number #271 will be generated.
- Two records cannot be consolidated when both records have verified SSN numbers. Online error message number #142 will be generated when this is attempted. An MB30 may be performed to correct this. Contact your MEDS Network Liaison in the Medi-Cal Eligibility Branch if you have two validated SSN records that need to be consolidated.
- Two federal records cannot be consolidated if both records contain a real SSN. Online error message number #285 will be generated.
- A federal record and a record with a verified SSN cannot be consolidated. Online error message number #284 will be generated.
- Records may be consolidated when both records are minor consent; or when one record is minor consent and the other record is truncated. Both records must have a pseudo MEDS ID; otherwise online error message number #283 will be generated. There is a conflict when one record is minor consent and the other record is not truncated; and online error message number #272 will be generated.
- Records that are already "frozen" cannot be consolidated. If either of the MEDS records is already frozen, online error message number #269 will be generated.
- The death data follows the SSN with which it is associated. Death information includes date of death; source of death and date death was posted to MEDS. Death data is not displayed on this transaction.



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## MEDS NETWORK USER MANUAL

### Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

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- Records may be consolidated when at least one record is a truncated record.
- If both records are NOT truncated,
  - When either record has ongoing activity, the county or program initiating the transaction must have ongoing activity on one of the records. Otherwise online error message number #267 will be generated.
  - Otherwise, when either record has current activity, the county or program initiating the transaction must have current activity on one of the records. Otherwise online error message number #267 will be generated.
  - Otherwise, when neither record has ongoing or current activity, any county may initiate the transaction.
- Counties may consolidate records when both records are truncated; or history, current, or ongoing CWD activity exists on at least one record. There may also be other history, current or ongoing (non-county) activity on either record.
- Healthy Families may consolidate records when there is Healthy Families activity on at least one record. The ongoing record (Record A) may have ongoing, current, or history (prior 12 months) CWD or non-HF application activity. The to-be-frozen record (Record B) cannot contain ongoing, current, or history CWD or non-HF application activity. When these conditions are not met, online error message number #268 will be generated.
- California Children's Services (CCS) may consolidate records when there is CCS/GHPP activity on at least one record. The ongoing record (Record A) may have ongoing, current, or history (prior 12 months) CWD or non-HF application activity. The to-be-frozen record (Record B) cannot contain ongoing, current, or history CWD or non-HF application activity. When these conditions are not met, online error message number #268 will be generated.
- The Department of Health Services staff may consolidate any two records regardless of ownership or control of either record.

#### EW11Processing:

- The operator initiates the process by reporting which record has the most and the least accurate eligibility information. MEDS returns the detail data from each record through a series of screens. These screens are used to determine which data will be placed on the ongoing record.

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## **MEDS NETWORK USER MANUAL**

### **Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)**

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- MEDS determines which data on the screens the operator may select.
- MEDS will select the County-ID for the ongoing record based upon the eligibility selected for that record
- MEDS will determine whether the records are to be combined or linked. The data on the two records will be “combined” to the maximum extent possible. However, records will be “linked” when there is eligibility data present on the to-be-frozen record in any segment (i.e. primary, special, FS) after the data has been moved to the appropriate record. If no eligibility data remains on the “to-be-frozen” record, the record will be deleted from MEDS in the batch update process.
- The results of the combined or linked record may be viewed from inquiry screens listed below after completion of a successful EW11 transaction. Inquiry screens INQF, INQM, INQ1, INQ2 and INQ3 will contain \*\*\*EW11\*\* indicator on line 2 (see MEDS Manual, Chapter II, Inquiry Screens).
- The MEDS-ID of the “to-be-frozen” record will change to a psuedo MEDS-ID when the MEDS-ID is a real SSN. The SSN verification code will be changed to “7” and the date-of-birth will be changed to match the date-of-birth on the ongoing record.
- The Eligibility Status Code (ESC) is regenerated for the current month and each of the 15 prior months after a record is “combined” or “linked”. The Program Indicators for each eligibility period (future pending, pending, current, and history), and the Global Program Indicator, are also recalculated for both records.
- The Dates of Last County Change, the Last Medi-Cal/CMSP Transaction Code, and the Last Medi-Cal/CMSP Transaction Indicator are updated on the ongoing record to reflect the successful completion of the transaction when the transaction code is EW11. These fields are displayed on the MEDS INQD screen.
- The Dates of Last Other Change, the Last Other Transaction Code, and the Last Other Transaction Indicator are updated on the ongoing record to reflect the successful completion of the transaction when the transaction code is GZ11 (Children’s Medical Services), HF11 (Healthy Families), or MB11 (DHS). These fields are displayed on the MEDS INQD screen.

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## MEDS NETWORK USER MANUAL

### Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

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- A batch worker alert will be generated when the county code associated with the eligibility and/or application data that was affected by one of the actions below is different from the county initiating the transaction:
  - ✓ MEDS-ID or CIN were swapped
  - ✓ The MEDS-ID was changed to a pseudo-SSN
  - ✓ Date-of-birth was changed/synchronized
  - ✓ Ongoing or current-active eligibility in any of the Medi-Cal or food stamp eligibility segments has been combined or linked
  - ✓ Ongoing or current-active application data of different types/priorities has been combined or linked

This worker alert will be issued to the assigned worker of each affected eligibility or application. Refer to alert number 9032.

- A batch worker alert will be generated for a non-CWD entity when the transaction is initiated by a county or a different non-CWD entity, and at least one of the following conditions is met:
  - ✓ MEDS-ID or CIN were swapped
  - ✓ The MEDS-ID was changed to a pseudo-SSN
  - ✓ Date-of-birth was changed/synchronized
  - ✓ Data owned by the non-CWD entity has been combined or linked

This worker alert will be issued to each non-CWD entity affected by the transaction. Refer to message number 9032.

#### EW11 Screens:

The revised EW11 transaction is a collection of six interactive screens that provide the operator selection options when consolidating eligibility information into a single record. The MEDS Record Consolidation screen (Screen #1) is used to identify the records that are being consolidated. An online message will be displayed if there are file clearance or eligibility conflicts. The Client Information and Eligibility screens (Screen #2 and #3) are used to determine what data will be placed on the ongoing and/or frozen records. This data may be user or system-selected, as determined by the MEDS logic. The Consolidated Record Preview screen (Screen #4) provides an illustration of the ongoing record after all data has been moved to the ongoing or frozen records as appropriate. An online message indicates whether the records will be combined or linked. MEDS will generate a BIC card when necessary. This is based on the rationale that the recipient has the most recent card (plastic or paper) in their possession. The Confirmation screen

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## MEDS NETWORK USER MANUAL

### Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

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(Screen #5) offers a final opportunity to confirm whether the records should be combined or linked. The Consolidated Record screen (screen #6) provides the review of the ongoing record with a confirmation message that the records were successfully combined or linked.

The operator has the ability to terminate this transaction at any time by pressing the "CLEAR" key. This action will not save any items selected if done before entering "Y" on the Confirmation screen (screen #5).

a. MEDS Record Consolidation (Screen #1):

The MEDS Record Consolidation screen is used to identify the records that will be merged. The operator must determine which record has the most accurate eligibility information. The MEDS record with the most accurate eligibility information must be entered in the "Record A" portion of the screen. The MEDS record with the least accurate eligibility information must be entered in the "Record B" portion of the screen. Record "A" represents the selected ongoing record and Record "B" represents the frozen record when kept.

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## Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

```

EW11 SCREEN 1          ** MEDS RECORD CONSOLIDATION **          OPR - MM/DD/YY
                        (1)                                (2)                                (3)
CASE-NAME              DISTRICT                            EW-CODE

RECORD A = MEDS RECORD WITH THE MOST ACCURATE ELIGIBILITY INFORMATION
(4)                   (5)                                (6)
MEDS-ID                CIN                                BIRTHDATE
                        MMDDCCYY

RECORD B = MEDS RECORD WITH THE LEAST ACCURATE ELIGIBILITY INFORMATION
(7)                   (8)                                (9)
MEDS-ID                CIN                                BIRTHDATE
                        MMDDCCYY

*****
*** DO NOT ATTEMPT TO DO ANOTHER TRANSACTION FOR THESE RECORDS TODAY ***
*****
MESSAGE LINE
  
```

See Data Element Dictionary, Appendix B, for field values

DATA ELEMENT NAME		Entry Requirement	DATA FIELD Entry Instructions
(1)	CASE-NAME	Optional	Enter CASE-NAME using up to 18 alphanumeric characters.
(2)	DISTRICT	Optional	Enter the three-character DISTRICT code.
(3)	EW-CODE	Optional	Enter the EW-CODE number.
RECORD A		Required	Use these fields to identify the MEDS record with the most accurate eligibility information.
(4)	MEDS-ID		Enter the 9-character MEDS-ID. The MEDS-ID entered must be known to MEDS.
(5)	CIN		Enter the 9-character CIN. The CIN entered must be known to MEDS and associated with the MEDS-ID above.
(6)	BIRTHDATE		Enter the 8-character BIRTHDATE using MMDDYYYY format. The birth date entered must be known to MEDS and associated with the MEDS-ID above.

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## Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

EW11 SCREEN 1		** MEDS RECORD CONSOLIDATION **		OPR - MM/DD/YY HH:MM:SS	
(1) CASE-NAME		(2) DISTRICT		(3) EW-CODE	
RECORD A = MEDS RECORD WITH THE MOST ACCURATE ELIGIBILITY INFORMATION					
(4) MEDS-ID _____		(5) CIN _____		(6) BIRTHDATE _____ MMDDCCYY	
RECORD B = MEDS RECORD WITH THE LEAST ACCURATE ELIGIBILITY INFORMATION					
(7) MEDS-ID _____		(8) CIN _____		(9) BIRTHDATE _____ MMDDCCYY	
<p>*****</p> <p>*** DO NOT ATTEMPT TO DO ANOTHER TRANSACTION FOR THESE RECORDS TODAY ***</p> <p>*****</p>					
MESSAGE LINE					

See Data Element Dictionary, Appendix B, for field values

DATA ELEMENT NAME		Entry Requirement	DATA FIELD Entry Instructions
RECORD B		Required	Use these fields to identify the MEDS record with the <u>least accurate eligibility</u> information.
(7)	MEDS-ID		Enter the 9-character MEDS-ID. The MEDS-ID entered must be known to MEDS.
(8)	CIN		Enter the 9-character CIN. The CIN entered must be known to MEDS and associated with the MEDS-ID above.
(9)	BIRTHDATE		Enter the 8-character BIRTHDATE using MMDDYYYY format. The birth date entered must be known to MEDS and associated with the MEDS-ID above.
			Press "ENTER" or "CTRL" keys to advance to the next screen.

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## **MEDS NETWORK USER MANUAL**

### **Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)**

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- MEDS will post primary district, worker number, and case name on the to-be-frozen record when reported on this screen by the operator. If these fields are not reported, the information on the frozen record will not change.
- The MEDS-ID, CIN, and BIRTHDATE entered on this screen must match the information on MEDS for that specific record. Online error message number #107, #109, or #266 will be generated if the MEDS-ID, CIN or BIRTHDATE entered are not found on MEDS.
- The MEDS-IDs entered for each MEDS record must be different. If the MEDS-IDs match, online error message number #229 will be generated.
- An online message will be generated when two records cannot be consolidated due to file clearance or eligibility conflicts. Contact your MEDS Network Liaison in the Medi-Cal Eligibility Branch if you need assistance in combining two conflicting records.

**b. Client Information (Screen 2):**

The purpose of the Client Information and Eligibility screens is to determine what data will be placed on the ongoing and frozen records. This screen displays the detailed client information for the two records entered on the "MEDS Record Consolidation" (Screen #1) screen. Based upon predetermined processing rules, some fields are selected either by the operator or by the System.

Records A and B are separated with a vertical line. The information for "record A" is on the left side and information for "record B" is on the right side of the screens. The selection column is to the left of record A.

The operator may select a field that does not contain information (blank) if data exists on only one record, and if the operator does not want the data that is present on the other record. For example, the mailing address may be present on record B only. However, the existing mailing address may be out-of-date, and the operator may not want this obsolete mailing address on the ongoing record. In this case, the operator would select record A so that the mailing address that is present on record B is not selected by the system for the ongoing record.

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## Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

```

EW11 SCREEN 2                                ** CLIENT INFORMATION **                                OPR - MM/DD/YY
                                                HH:MM:SS
VALIDATE SYSTEM SELECTED DEFAULTS. ENTER "B" TO SELECT FROM RECORD B.  ENTER "A"
OR LEAVE BLANK TO DEFAULT TO RECORD A.

***** RECORD A *****                                ***** RECORD B *****
(1)  _ MEDS-ID:                                XXX-XX-XXXX                                MEDS-ID:                                XXX-XX-XXXX
(2)  _ CIN:                                XXXXXXXXXX                                CIN:                                XXXXXXXXXX
(3)  _ BIRTHDATE:                                MM-DD-YYYY                                BIRTHDATE:                                MM-DD-YYYY
(4)  * COUNTY-ID:                                CC-AA-SSSSSSS-F-PP                                COUNTY-ID:                                CC-AA-SSSSSSS-F-PP
(5)  _ NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(6)  B PHONE:                                (999) 999-9999                                PHONE:                                (999) 999-1111
(7)  _ RES-COUNTY: CC                                RES-COUNTY: CC
(8)  _ RES XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                RES XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(9)  _ MAIL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                MAIL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(10) _ AUTHORIZED XXXXXXXXXXXXXXXXXXXXXXXX                                AUTHORIZED XXXXXXXXXXXXXXXXXXXXXXXX
      REP-NAME/ XXXXXXXXXXXXXXXXXXXXXXXX                                REP-NAME/ XXXXXXXXXXXXXXXXXXXXXXXX
      ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX                                ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX
(11) A ALIEN XXXXXXXX ELIG X IND X SPNSR X                                ALIEN XXXXXXXX ELIG X IND X SPNSR X
      CTRY-OF-ORIG XX INS-ENTRY-DT MM-YYYY                                CTRY-OF-ORIG XX INS-ENTRY-DT MM-YYYY
                                (12)                                (13)
ENTER "S" TO SELECT:  NEXT _                                PREVIOUS _
MESSAGE LINE

```

**See Data Element Dictionary, Appendix B, for field values**

DATA ELEMENT NAME		SELECTION Requirement	DATA FIELD Entry Instructions
(1)	MEDS-ID	User  or  System	The operator may select the MEDS-ID when neither record is minor consent or under federal control (GRC=2 or GRC=3 with Ramos eligibility); or neither SSN has been verified.  The System will select the MEDS-ID when one of the records is Minor Consent, under federal control or one of the SSNs is verified.
(2)	CIN	User	Select the CIN that should be the primary CIN on the ongoing record.
(3)	BIRTHDATE	User  or  System	Select the correct BIRTHDATE.  Date-of-birth and sex code are System selected when the SSN is verified or record A is a federal record. The sex code is not displayed on this transaction.



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## Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

<b>EW11 SCREEN 2</b>	<b>** CLIENT INFORMATION **</b>	OPR - MM/DD/YY HH:MM:SS
<p>VALIDATE SYSTEM SELECTED DEFAULTS. ENTER "B" TO SELECT FROM RECORD B.          ENTER "A" OR LEAVE BLANK TO DEFAULT TO RECORD A.</p>		
<div style="display: flex; justify-content: space-between;"> <span>***** RECORD A *****</span> <span>***** RECORD B *****</span> </div>		
(1) MEDS-ID: XXX-XX-XXXX	MEDS-ID: XXX-XX-XXXX	
(2) CIN: XXXXXXXXX	CIN: XXXXXXXXX	
(3) BIRTHDATE: MM-DD-YYYY	BIRTHDATE: MM-DD-YYYY	
(4) * COUNTY-ID: CC-AA-SSSSSSS-F-PP	COUNTY-ID: CC-AA-SSSSSSS-F-PP	
(5) NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX	NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
(6) B PHONE: (999) 999-9999	PHONE: (999) 999-1111	
(7) RES-COUNTY: CC	RES-COUNTY: CC	
(8) RES XXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXX	RES XXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
(9) MAIL XXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MAIL XXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
(10) AUTHORIZED XXXXXXXXXXXXXXXXXXXXXXXX REP-NAME/ XXXXXXXXXXXXXXXXXXXXXXXX ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX	AUTHORIZED XXXXXXXXXXXXXXXXXXXXXXXX REP-NAME/ XXXXXXXXXXXXXXXXXXXXXXXX ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX	
(11) A ALIEN XXXXXXXXX ELIG X IND X SPNSR X CTRY-OF-ORIG XX INS-ENTRY-DT MM-YYYY	ALIEN XXXXXXXXX ELIG X IND X SPNSR X CTRY-OF-ORIG XX INS-ENTRY-DT MM-YYYY	
(12)	(13)	
ENTER "S" TO SELECT: NEXT _ PREVIOUS _ MESSAGE LINE		

See Data Element Dictionary, Appendix B, for field values

DATA ELEMENT NAME		SELECTION Requirement	DATA FIELD Entry Instructions
4)	COUNTY-ID	Display Only	This is the first COUNTY-ID where eligibility was found. If no eligibility application data is found, the primary COUNTY-ID is displayed.
(5)	NAME	User or System	The System will select the client NAME when one of the records is under federal control.
(6)	PHONE	User or System	The System will select the client PHONE when one of the records is under federal control.
(7)	RESIDENCE COUNTY	User	Select the correct current month RESIDENCE COUNTY.

## Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

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EW11 SCREEN 2
** CLIENT INFORMATION **
OPR - MM/DD/YY
HH:MM:SS

VALIDATE SYSTEM SELECTED DEFAULTS. ENTER "B" TO ELECT FROM RECORD B.
ENTER "A" OR LEAVE BLANK TO DEFAULT TO RECORD A.

***** RECORD A *****
(1) _ MEDS-ID: XXX-XX-XXXX
(2) _ CIN: XXXXXXXXX
(3) _ BIRTHDATE: MM-DD-YYYY
(4) * COUNTY-ID: CC-AA-SSSSSSS-F-PP
(5) _ NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
(6) B PHONE: (999) 999-9999
(7) _ RES-COUNTY: CC
(8) _ RES XXXXXXXXXXXXXXXXXXXXXXXXXXXX
   ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXX
(9) _ MAIL XXXXXXXXXXXXXXXXXXXXXXXXXXXX
   ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXX
(10) _ AUTHORIZED XXXXXXXXXXXXXXXXXXXX
   REP-NAME/ XXXXXXXXXXXXXXXXXXXX
   ADDRESS XXXXXXXXXXXXXXXXXXXX
(11) A ALIEN XXXXXXXXX ELIG X IND X SPNSR X
   CTRY-OF-ORIG XX INS-ENTRY-DT MM-YYYY
                                     (12)

***** RECORD B *****
(1) _ MEDS-ID: XXX-XX-XXXX
(2) _ CIN: XXXXXXXXX
(3) _ BIRTHDATE: MM-DD-YYYY
(4) _ COUNTY-ID: CC-AA-SSSSSSS-F-PP
(5) _ NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
(6) _ PHONE: (999) 999-1111
(7) _ RES-COUNTY: CC
(8) _ RES XXXXXXXXXXXXXXXXXXXXXXXXXXXX
   ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXX
(9) _ MAIL XXXXXXXXXXXXXXXXXXXXXXXXXXXX
   ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXX
(10) _ AUTHORIZED XXXXXXXXXXXXXXXXXXXX
   REP-NAME/ XXXXXXXXXXXXXXXXXXXX
   ADDRESS XXXXXXXXXXXXXXXXXXXX
(11) _ ALIEN XXXXXXXXX ELIG X IND X SPNSR X
   CTRY-OF-ORIG XX INS-ENTRY-DT MM-YYYY
                                     (13)

ENTER "S" TO SELECT: NEXT _ PREVIOUS _
MESSAGE LINE

```

**See Data Element Dictionary, Appendix B, for field values**

DATA ELEMENT NAME		SELECTION Requirement	DATA FIELD Entry Instructions
(8)	RESIDENCE ADDRESS	User or System	The System will select the client RESIDENCE ADDRESS when one of the records is under federal control.
(9)	MAILING ADDRESS	User or System	The System will select the client MAILING ADDRESS when one of the records is under federal control.
(10)	AUTHORIZED REP. NAME AND ADDRESS	User	Select the correct AUTHORIZED REPRESENTATIVE NAME AND ADDRESS.
(11)	ALIEN	User  or  System	<p>The ALIEN information is selected as a group.</p> <p>The ALIEN information is selectable by the operator when present on both records.</p> <p>The System will select the ALIEN information when it is present on only one record.</p>

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## Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

<b>EW11 SCREEN 2</b>	<b>** CLIENT INFORMATION **</b>	OPR - MM/DD/YY HH:MM:SS
VALIDATE SYSTEM SELECTED DEFAULTS. ENTER "B" TO ELECT FROM RECORD B. ENTER "A" OR LEAVE BLANK TO DEFAULT TO RECORD A.		
<b>***** RECORD A *****</b>		
(1) _ MEDS-ID: XXX-XX-XXXX	(1) MEDS-ID: XXX-XX-XXXX	
(2) _ CIN: XXXXXXXXXX	(2) CIN: XXXXXXXXXX	
(3) _ BIRTHDATE: MM-DD-YYYY	(3) BIRTHDATE: MM-DD-YYYY	
(4) * COUNTY-ID: CC-AA-SSSSSSS-F-PP	(4) COUNTY-ID: CC-AA-SSSSSSS-F-PP	
(5) _ NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(5) NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
(6) <u>B</u> PHONE: (999) 999-9999	(6) PHONE: (999) 999-1111	
(7) _ RES-COUNTY: CC	(7) RES-COUNTY: CC	
(8) _ RES XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(8) RES XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
(9) _ MAIL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(9) MAIL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
(10) _ AUTHORIZED XXXXXXXXXXXXXXXXXXXXXXXX	(10) AUTHORIZED XXXXXXXXXXXXXXXXXXXXXXXX	
REP-NAME/ XXXXXXXXXXXXXXXXXXXXXXXX	REP-NAME/ XXXXXXXXXXXXXXXXXXXXXXXX	
ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX	ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX	
(11) <u>A</u> ALIEN XXXXXXXXX ELIG X IND X SPNSR X	(11) ALIEN XXXXXXXXX ELIG X IND X SPNSR X	
CTRY-OF-ORIG XX INS-ENTRY-DT MM-YYYY	CTRY-OF-ORIG XX INS-ENTRY-DT MM-YYYY	
(12)	(13)	
ENTER "S" TO SELECT: NEXT _ PREVIOUS _ <b>MESSAGE LINE</b>		

See Data Element Dictionary, Appendix B, for field values

DATA ELEMENT NAME		SELECTION Requirement	DATA FIELD Entry Instructions
(12)	NEXT	Optional	Enter "s" and "enter" keys to advance to the next screen. Either upper or lower case "s" will be accepted.
(13)	PREVIOUS	Optional	Enter "s" and "enter" keys to return to the previous screen. Either upper or lower case "s" will be accepted.

### b.1 User Selectable Fields:

User selectable fields are those fields that the operator has the option to choose. These fields appear in column 1 with an underscore immediately to the left of the designated data field. The operator is able to select data from either record "A" or "B".

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## **MEDS NETWORK USER MANUAL**

### **Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)**

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- **Selecting from Record A:**  
The operator may leave the field blank or type the letter "A", in upper or lower case, when selecting data from Record A.
- **Selecting from Record B:**  
The operator must type the letter "B", in upper or lower case, when selecting the data from Record B.
- **Client Information:**  
The client residence county, telephone, and residence, mailing and authorized representative addresses, when present on only one record, will be selected by MEDS but may be overridden by the operator.

#### **b.2 System Selectable Fields:**

System selectable fields are determined by MEDS based upon specific processing rules. MEDS determines which data in these fields will be placed on the ongoing and frozen records. The System will select the client information to be placed on the ongoing record when the operator chooses not to select the client information. There are two types of system-selected fields.

- **Display Only:**  
The data in these fields are selected by the system and are displayed for identification or informational purposes only. Display fields are identified by the presence of an asterisk immediately to the left of the designated field.
- **System Selected:**  
The data in these fields, except the client data fields specified above as user selectable, are selected by MEDS to be placed on the ongoing record. The operator cannot change this data. These fields will contain uppercase "A" or "B" in column 1 immediately to the left of the designated field.

#### **b.3 Federal Record and Verified SSN:**

- Two federal records cannot be consolidated if both records contain a real SSN. Online error message number #285 will be generated.
- Online error message number #284 will be generated when attempting to consolidate a federal record and a record with a verified SSN. Contact the

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## **MEDS NETWORK USER MANUAL**

### **Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)**

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Social Security Administration when the record with the verified SSN is correct. If the record with the verified SSN is incorrect, the SSN verification must be removed before this transaction can be processed.

- Informational message “MEDS-ID IS SYSTEM-SELECTED BASED ON VERIFIED SSN OR FEDERAL RECORD MEDS” will be displayed when MEDS selects a verified SSN or a federal record.
- MEDS will select the date-of-birth associated with the verified SSN. When record A is a federal record, MEDS will select the date-of-birth associated with the federal record. Informational message “CLIENT DATA IS SYSTEM SELECTED BASED ON FEDERAL RECORD” will be displayed.
- MEDS will select the name, phone number, residence address, and mailing address associated with the federal record when record A is a federal record. Informational message “CLIENT DATA IS SYSTEM SELECTED BASED ON FEDERAL RECORD” will be displayed.
- For more information regarding federal records please go to the Health Care Financing Administration website (<http://www.hcfa.gov>).

c. **Eligibility (Screen 3):**

The purpose of this screen is to select the eligibility information to be placed on the ongoing record. The Eligibility screen displays the detailed eligibility information for the two records entered on the MEDS Record Consolidation (screen #1) screen. The information for “Record A” is on the left side of the screen and the information for “Record B” is on the right side of the screen.

Eligibility information will be displayed for each eligibility segment that contains active eligibility for the current month. The column labeled “ELIG” identifies the months where active eligibility was found. The values displayed in this column are:

C = Current month  
P = Pending month  
F = Future Pending month  
H= History month

The columns under the heading “CURRENT” identify the current month county code, aid code and ESC only for each eligibility segment.

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## Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

The eligibility termination date, when present, will also be displayed for each eligibility segment.

EW11 SCREEN 3		** ELIGIBILITY **		OPR - MM/DD/YY HH:MM:SS	
MEDS-ID: XXX-XX-XXXX CIN: XXXXXXXXXX			MEDS-ID: XXX-XX-XXXX CIN: XXXXXXXXXX		
** RECORD A ** *CURRENT** TERM			** RECORD B ** *CURRENT** TERM		
		ELIG CO AID ESC DATE			ELIG CO AID ESC DATE
(1)	PRIMARY	CPFH CC AA EEE MM-DD-YY	PRIMARY	CPFH CC AA EEE MM-DD-YY	
(2)	B SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	
(3)	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	
(4)	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	
(5)	FOOD-STAMP	CPFH CC AA E MM-DD-YY	FOOD-STAMP	CPFH CC AA E MM-DD-YY	
-----			-----		
(6)	* SOC/% XXXXX	CERT-DAY XX	SOC/% XXXXX	CERT-DAY XX	
(7)	* ABAWD-CODE X	ABAWD-DATE MM-YYYY	ABAWD-CODE X	ABAWD-DATE MM-YYYY	
(8)	APPL MM-DD-YYYY	FLAG X DENIAL X	APPL MM-DD-YYYY	FLAG X DENIAL X	
(9)	* OHC X		OHC X		
(10)	* RESTRICT XXX		RESTRICT XXX		
(11)	A HIC-NO XXXXXXXXXXXX	MEDICARE XX	HIC-NO XXXXXXXXXXXX	MEDICARE XX	
	BUY-IN-A MMDDYY NNNN	-B MMDDYY NNNN	BUY-IN-A MMDDYY XXXX	-B MMDDYY XXXX	
(12)	BENDEX XXXXXXXXXXXX	MM-DD-YYYY XX	BENDEX XXXXXXXXXXXX	MM-DD-YYYY XX	
(13)	* CMS-INDICATORS XX		CMS-INDICATORS XX		
(14)	HCP1-NO XXX	STAT XX REAS X TYPE X	HCP1-NO XXX	STAT XX REAS X TYPE X	
(15)	HCP2-NO XXX	STAT XX REAS X TYPE X	HCP2-NO XXX	STAT XX REAS X TYPE X	
ENTER "S" TO SELECT: NEXT PREVIOUS					
MESSAGE LINE (16) (17)					

See Data Element Dictionary, Appendix B, for field values

DATA ELEMENT NAME		SELECTION Requirement	DATA FIELD Entry Instructions
(1)	PRIMARY	User or System	See Section c.1 for more information when this field is user selectable.
(2)	1 <sup>st</sup> SPECIAL	User or System	See Sections c.1 & c.2 for more information when this field is user selectable.
(3)	2 <sup>nd</sup> SPECIAL	User or System	See Sections c.1 & c.2 for more information when this field is user selectable.
(4)	3 <sup>rd</sup> SPECIAL	User or System	See Sections c.1 & c.2 for more information when this field is user selectable.

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EW11 SCREEN 3		** ELIGIBILITY **		OPR - MM/DD/YY HH:MM:SS	
MEDS-ID: XXX-XX-XXXX CIN: XXXXXXXXXX			MEDS-ID: XXX-XX-XXXX CIN: XXXXXXXXXX		
* * RECORD A ** *CURRENT** TERM			* * RECORD B ** *CURRENT** TERM		
		ELIG CO AID ESC DATE			ELIG CO AID ESC DATE
(1)	PRIMARY	CPFH CC AA EEE MM-DD-YY	PRIMARY	CPFH CC AA EEE MM-DD-YY	
(2)	B SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	
(3)	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	
(4)	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	
(5)	FOOD-STAMP	CPFH CC AA E MM-DD-YY	FOOD-STAMP	CPFH CC AA E MM-DD-YY	
-----					
(6)	* SOC/% XXXXX	CERT-DAY XX	SOC/% XXXXX	CERT-DAY XX	
(7)	* ABAWD-CODE X	ABAWD-DATE MM-YYYY	ABAWD-CODE X	ABAWD-DATE MM-YYYY	
(8)	APPL MM-DD-YYYY	FLAG X DENIAL X	APPL MM-DD-YYYY	FLAG X DENIAL X	
(9)	* OHC X		OHC X		
(10)	* RESTRICT XXX		RESTRICT XXX		
(11)	A HIC-NO XXXXXXXXXXXX	MEDICARE XX	HIC-NO XXXXXXXXXXXX	MEDICARE XX	
	BUY-IN-A MMDDYY NNNN	-B MMDDYY NNNN	BUY-IN-A MMDDYY XXXX	-B MMDDYY XXXX	
(12)	BENDEX XXXXXXXXXXXX	MM-DD-YYYY XX	BENDEX XXXXXXXXXXXX	MM-DD-YYYY XX	
(13)	* CMS-INDICATORS XX		CMS-INDICATORS XX		
(14)	HCP1-NO XXX STAT XX	REAS X TYPE X	HCP1-NO XXX STAT XX	REAS X TYPE X	
(15)	HCP2-NO XXX STAT XX	REAS X TYPE X	HCP2-NO XXX STAT XX	REAS X TYPE X	
ENTER "S" TO SELECT: NEXT PREVIOUS					
MESSAGE LINE (16) (17)					

See Data Element Dictionary, Appendix B, for field values

DATA ELEMENT NAME		SELECTION Requirement	DATA FIELD Entry Instructions
(5)	FOOD-STAMP	User or System	See Section c.3 for more information when this field is user selectable.
(6)	SOC DATA SOC % CERT-DAY	System	Current share of cost (SOC) amount or percent obligation and certification day.  SOC follows eligibility with which it is associated.
(7)	ABAWD DATA ABAWD-CODE ABAWD-DATE	System	Current ABAWD CODE and DATE.  This data follows the food stamp data.
(8)	APPLICATION DATA APPL FLAG DENIAL	User or System	Current APPLICATION DATE, FLAG, and DENIAL REASON.  See Section c.4 for more information when this field is user selectable.

# MEDS NETWORK USER MANUAL

## Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

EW11 SCREEN 3		** ELIGIBILITY **		OPR - MM/DD/YY HH:MM:SS	
MEDS-ID: XXX-XX-XXXX CIN: XXXXXXXXXX			MEDS-ID: XXX-XX-XXXX CIN: XXXXXXXXXX		
* * RECORD A ** *CURRENT** TERM			* * RECORD B ** *CURRENT** TERM		
		ELIG CO AID ESC DATE			ELIG CO AID ESC DATE
(1)	PRIMARY	CPFH CC AA EEE MM-DD-YY	PRIMARY	CPFH CC AA EEE MM-DD-YY	
(2)	B SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	
(3)	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	
(4)	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY	
(5)	FOOD-STAMP	CPFH CC AA E MM-DD-YY	FOOD-STAMP	CPFH CC AA E MM-DD-YY	
-----					
(6)	* SOC/% XXXXX	CERT-DAY XX	SOC/% XXXXX	CERT-DAY XX	
(7)	* ABAWD-CODE X	ABAWD-DATE MM-YYYY	ABAWD-CODE X	ABAWD-DATE MM-YYYY	
(8)	APPL MM-DD-YYYY	FLAG X DENIAL X	APPL MM-DD-YYYY	FLAG X DENIAL X	
(9)	* OHC X		OHC X		
(10)	* RESTRICT XXX		RESTRICT XXX		
(11)	A HIC-NO XXXXXXXXXXXX	MEDICARE XX	HIC-NO XXXXXXXXXXXX	MEDICARE XX	
	BUY-IN-A MMDDYY NNNN	-B MMDDYY NNNN	BUY-IN-A MMDDYY XXXX	-B MMDDYY XXXX	
(12)	BENDEX XXXXXXXXXXXX	MM-DD-YYYY XX	BENDEX XXXXXXXXXXXX	MM-DD-YYYY XX	
(13)	* CMS-INDICATORS XX		CMS-INDICATORS XX		
(14)	HCP1-NO XXX	STAT XX REAS X TYPE X	HCP1-NO XXX	STAT XX REAS X TYPE X	
(15)	HCP2-NO XXX	STAT XX REAS X TYPE X	HCP2-NO XXX	STAT XX REAS X TYPE X	
ENTER "S" TO SELECT: NEXT (16) PREVIOUS (17)					
MESSAGE LINE					

See Data Element Dictionary, Appendix B, for field values

DATA ELEMENT NAME		SELECTION Requirement	DATA FIELD Entry Instructions
(9)	OHC	System	Current OHC code. See Section c.5 for more information.
(10)	RESTRICT	System	Current RESTRICTION code. See Section c.6 for more information.
(11)	BUY-IN DATA HIC-NO MEDICARE, BUY-IN A & B	User  or  System	HIC NUMBER, MEDICARE STATUS, BUY-IN part A & B, LAST CHANGE DATE and COVERAGE.  See Section c.7 for more information when this field is user selectable.
(12)	BENDEX DATA PRIMARY TITLE II NUMBER, LAST CHANGE DATE, STATUS	User  or  System	BENDEX primary Title II number, LAST CHANGE DATE and STATUS.  See Section c.8 for more information when this field is user selectable.



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## Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

EW11 SCREEN 3		** ELIGIBILITY **		OPR - MM/DD/YY HH:MM:SS	
MEDS-ID: XXX-XX-XXXX CIN: XXXXXXXXXX			MEDS-ID: XXX-XX-XXXX CIN: XXXXXXXXXX		
* * RECORD A ** *CURRENT** TERM			* * RECORD B ** *CURRENT** TERM		
	ELIG	CO AID ESC	DATE		ELIG CO AID ESC DATE
(1)	PRIMARY	CPFH CC AA	EEE MM-DD-YY	PRIMARY	CPFH CC AA EEE MM-DD-YY
(2)	B SP (SEGMNT)	CPFH CC AA	EEE MM-DD-YY	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY
(3)	SP (SEGMNT)	CPFH CC AA	EEE MM-DD-YY	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY
(4)	SP (SEGMNT)	CPFH CC AA	EEE MM-DD-YY	SP (SEGMNT)	CPFH CC AA EEE MM-DD-YY
(5)	FOOD-STAMP	CPFH CC AA	E MM-DD-YY	FOOD-STAMP	CPFH CC AA E MM-DD-YY
-----					
(6)	* SOC/%	XXXXX	CERT-DAY XX	SOC/%	XXXXX CERT-DAY XX
(7)	* ABAWD-CODE	X	ABAWD-DATE MM-YYYY	ABAWD-CODE	X ABAWD-DATE MM-YYYY
(8)	APPL	MM-DD-YYYY	FLAG X DENIAL X	APPL	MM-DD-YYYY FLAG X DENIAL X
(9)	* OHC	X		OHC	X
(10)	* RESTRICT	XXX		RESTRICT	XXX
(11)	A HIC-NO	XXXXXXXXXXXXX	MEDICARE XX	HIC-NO	XXXXXXXXXXXXX MEDICARE XX
	BUY-IN-A	MMDDYY NNNN	-B MMDDYY NNNN	BUY-IN-A	MMDDYY XXXX -B MMDDYY XXXX
(12)	BENDEX	XXXXXXXXXXXXX	MM-DD-YYYY XX	BENDEX	XXXXXXXXXXXXX MM-DD-YYYY XX
(13)	* CMS-INDICATORS	XX		CMS-INDICATORS	XX
(14)	HCP1-NO	XXX	STAT XX REAS X TYPE X	HCP1-NO	XXX STAT XX REAS X TYPE X
(15)	HCP2-NO	XXX	STAT XX REAS X TYPE X	HCP2-NO	XXX STAT XX REAS X TYPE X
ENTER "S" TO SELECT: NEXT			PREVIOUS		
MESSAGE LINE			(16)	(17)	

**See Data Element Dictionary, Appendix B, for field values**

DATA ELEMENT NAME		SELECTION Requirement	DATA FIELD Entry Instructions
(13)	CMS-INDICATORS	System	One-character CMS INDICATOR and NOTIFICATION FLAG.
(14)	HCP1 DATA HCP1-NO STAT REAS TYPE	User  or  System	Current HCP NUMBER, STATUS, STATUS REASON, and TYPE for the first HCP.  See Section c.9 for more information when this field is user selectable.
(15)	HCP2 DATA HCP2-NO STAT REAS TYPE	User  or  System	Current HCP NUMBER, STATUS, STATUS REASON, and TYPE for the second HCP.  See Section c.9 for more information when this field is user selectable.

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EW11 SCREEN 3		** ELIGIBILITY **		OPR - MM/DD/YY HH:MM:SS	
MEDS-ID: XXX-XX-XXXX CIN: XXXXXXXXXX			MEDS-ID: XXX-XX-XXXX CIN: XXXXXXXXXX		
* * RECORD A ** *CURRENT** TERM			* * RECORD B ** *CURRENT** TERM		
	ELIG	CO AID ESC DATE		ELIG	CO AID ESC DATE
(1)	PRIMARY	CPFH CC AA EEE MM-DD-YY		PRIMARY	CPFH CC AA EEE MM-DD-YY
(2)	B SP(SEGMNT)	CPFH CC AA EEE MM-DD-YY		SP(SEGMNT)	CPFH CC AA EEE MM-DD-YY
(3)	SP(SEGMNT)	CPFH CC AA EEE MM-DD-YY		SP(SEGMNT)	CPFH CC AA EEE MM-DD-YY
(4)	SP(SEGMNT)	CPFH CC AA EEE MM-DD-YY		SP(SEGMNT)	CPFH CC AA EEE MM-DD-YY
(5)	FOOD-STAMP	CPFH CC AA E MM-DD-YY		FOOD-STAMP	CPFH CC AA E MM-DD-YY
----- -----					
(6)	* SOC/%	XXXXX CERT-DAY XX		SOC/%	XXXXX CERT-DAY XX
(7)	* ABAWD-CODE X	ABAWD-DATE MM-YYYY		ABAWD-CODE X	ABAWD-DATE MM-YYYY
(8)	APPL MM-DD-YYYY	FLAG X DENIAL X		APPL MM-DD-YYYY	FLAG X DENIAL X
(9)	* OHC X			OHC X	
(10)	* RESTRICT XXX			RESTRICT XXX	
(11)	A HIC-NO	XXXXXXXXXXXXX MEDICARE XX		HIC-NO	XXXXXXXXXXXXX MEDICARE XX
	BUY-IN-A	MMDDYY NNNN -B MMDDYY NNNN		BUY-IN-A	MMDDYY XXXX -B MMDDYY XXXX
(12)	BENDEX	XXXXXXXXXXXXX MM-DD-YYYY XX		BENDEX	XXXXXXXXXXXXX MM-DD-YYYY XX
(13)	* CMS-INDICATORS XX			CMS-INDICATORS XX	
(14)	HCP1-NO XXX	STAT XX REAS X TYPE X		HCP1-NO XXX	STAT XX REAS X TYPE X
(15)	HCP2-NO XXX	STAT XX REAS X TYPE X		HCP2-NO XXX	STAT XX REAS X TYPE X
ENTER "S" TO SELECT: NEXT PREVIOUS					
MESSAGE LINE (16) (17)					

See Appendix B for field values

DATA ELEMENT NAME		SELECTION Requirement	DATA FIELD Entry Instructions
(16)	NEXT	Required	Enter "s" and "enter" keys to advance to the next screen. Either upper or lower case "s" will be accepted.
(17)	PREVIOUS	Required	Enter "s" and "enter" keys to return to the previous screen. Either upper or lower case "s" will be accepted.

### c.1 Medi-Cal Eligibility Data:

- Medi-Cal eligibility data is user-selectable when both records contain data for the current month in the same type of Medi-Cal eligibility and neither record is ongoing-active in that eligibility type.

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## **MEDS NETWORK USER MANUAL**

### **Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)**

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- When both records contain data for the current month for the same eligibility type, and one record is ongoing-active in that eligibility type, MEDS selects the ongoing-active eligibility for the ongoing record.
- Medi-Cal eligibility data, when present on only one record for the current month for the same eligibility type, will be system-selected for the ongoing record.
- Medi-Cal eligibility data is compared on the two records on a month-to-month basis for future pending, pending, current, and history months 1-15.
- The global indicator (WELFARE-PGM) and the program eligibility indicator (PGM-ELIG) are recalculated for the ongoing and the frozen records.

#### **c.2 Healthy Families Eligibility Data:**

- Healthy Families eligibility on MEDS is defined as “HFAMILY” in the special program 1, 2, or 3 segment type; and the ESC for that month is 6XX.
- Healthy Families eligibility data is user-selectable when present on both records and neither record is ongoing-active for Healthy Families.
- MEDS will select the data that is present for the ongoing record when Healthy Families eligibility data is present on only one record for current month.
- When Healthy Families eligibility data is present on both records for current month, and one record has ongoing-active Healthy Families eligibility, MEDS will select the ongoing-active data for the ongoing record.
- Healthy Family eligibility data is compared on the two records on a month-to-month basis for future pending, pending, current, and history months 1-15.
- Healthy Families eligibility data is compared on the two records on a month-to-month basis for future pending, pending, current, and history months 1-15.

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## MEDS NETWORK USER MANUAL

### Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

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#### c.3 Food Stamp Eligibility and ABAWD Data:

- ABAWD data, when present, moves with the food stamp data when the food stamp eligibility data is selected.
- Food stamp eligibility data is user-selectable when both records have a food stamp segment and neither record is ongoing-active for food stamps.
- When a food stamp segment is present on both records, and one record has ongoing-active food stamps eligibility, MEDS will select the ongoing-active data for the ongoing record .
- Food stamp/ABAWD eligibility data, when present on only one record, will be system-selected for the ongoing record.
- Food Stamp eligibility data is compared on the two records on a month-to-month basis for future pending, pending, current, and history months 1-12.
- The food stamp eligibility and ABAWD data are compared (as a group) on the two records for future pending, pending, and current and prior months.

#### c.4 Application Data:

- The priority of applications (highest to lowest) is as follows:
  1. County-reported Medi-Cal applications
  2. MEB-reported Medi-Cal applications
  3. County-reported GR/GA applications
  4. Healthy Families/SPE-reported Medi-Cal applications
  5. County-reported other applications
  6. Healthy Families/SPE-reported other applications
- Application data is user selectable when both records have ongoing applications, and both applications have the same priority.
- Application data is selected by the System when both records have ongoing application data, and both applications have different priorities; both records have application data, and only one of the applications is ongoing; both records have application data and neither application is ongoing; or only one record has application data.
- All of the selected application data will be on the ongoing record.

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## MEDS NETWORK USER MANUAL

### Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

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- Healthy Families application data (SPE-NO, HF-RELATION, and HF-CASE-NO) that is present on the selected application is moved with the application data.
- Healthy Families application data that is not present on the selected application but is present on the non-selected application is moved to the selected application.
- The non-selected application data is deleted from MEDS.
- The owner of the non-selected application data may receive an optional batch worker message when the county or entity of the non-selected ongoing application is different from the county or entity initiating the EW11 transaction.
- The owner of the non-selected application data will not receive an optional batch worker message when the county or entity of the non-selected application is not ongoing.

#### c.5 OHC Data:

- The priority of the OHC code (highest to lowest) is: X (OHC source), 9, F, K, C, P, V, A, L, N, space.
- OHC code is selected by the System per the above hierarchy.
- The OHC code is compared on the two records on a month-to-month basis for future pending, pending, current, and history months 1-15.
- The OHC code and OHC source are placed on the ongoing record for that month when the OHC code and source code are present on only one record for a given month.
- The OHC with the highest priority will be selected on the ongoing record for that month when the OHC code and source code are present on both records for a given month. The non-selected OHC code and source code on the frozen record are synchronized with the respective fields on the ongoing record if the frozen record is to be kept.

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## **MEDS NETWORK USER MANUAL**

### **Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)**

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- Batch worker alert number 4101 will be generated for the Third Party Liability Branch when the OHC code is an “A” for a given month on one record and an “L” on the other record for the same month.

#### **c.6 Restriction Data:**

- Restriction code is selected by the System.
- The restriction codes in this section refer to the service restriction codes not identified as minor consent services or county limited access.
- The restriction code is compared on the two records on a month-to-month basis for future pending month (2 months into the future), pending month (1 month into the future), current month, and prior 15 months.
- A restriction code, when present on only record, will be placed on the ongoing record for that month.
- The restriction code will remain with the record with which it is associated when the restriction code is present on both records for a given month.
- A batch worker alert number 4406 will be generated for Audits and Investigations Division when the restriction code is present and different on each record for a given month.

#### **c.7 Health Insurance Claim (HIC) Number, Buy-In Data:**

- The HIC number and Buy-In data are selected as a group when Buy-In data is selected.
- An individual HIC number and its associated Buy-In data stays with the SSN that it is associated.
- The HIC number is NOT user-selectable when the HIC number on either record is an individual HIC number.
- When the HIC number is present on both records, neither HIC number is an individual HIC Number, and one of the records has ongoing Buy-In, the System selects the ongoing Buy-In data for the ongoing record.

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## **MEDS NETWORK USER MANUAL**

### **Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)**

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- The HIC number is user selectable when the HIC number is present on both records; neither HIC number is an individual HIC Number; and both records have ongoing Buy-In or neither record has ongoing Buy-In.
- The HIC number is **NOT** user-selectable when the HIC number is on only one of the records. MEDS selects the HIC number and ongoing Buy-In data for the ongoing record.
- The non-selected Buy-In data is deleted from the frozen record.
- A batch worker alert number 4500 will be generated for the Third Party Liability Branch when there was ongoing Buy-In on the frozen record.

#### **c.8 BENDEX Data:**

- When BENDEX data exists on only one record, MEDS selects the data that is present for the ongoing record. The user may override the system selection. If the user overrides the system selection, online message #273 will be displayed.
- BENDEX data is user-selectable when the BENDEX data exists on both records.
- When the primary Title II claim number on either record matches the non-selected SSN, all Title II claim numbers and the associated data is deleted.
- When the primary Title II claim number on the ongoing record matches the ongoing HIC number, that Title II claim number and its associated data is selected for the primary Title II claim number on the ongoing record. Otherwise, when the primary Title II claim number on the frozen record matches the ongoing HIC number, that Title II claim number and its associated data is selected for the primary Title II claim number on the ongoing record.
- Any remaining vacancies in any of the entitlement data areas on the ongoing record are filled from remaining data in the following sequence: ongoing dual entitlement data, ongoing triple entitlement data, frozen primary entitlement data, frozen dual entitlement data, and frozen triple entitlement data.

#### **c.9 Heath Care Plan (HCP) Data:**

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## **MEDS NETWORK USER MANUAL**

### **Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)**

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- When HCP data for each type is present in current month on only 1 record, the system selects the HCP data for that type for the ongoing record.
- When HCP data for the same HCP type is present on both records in current month, the user is allowed to choose the HCP for the ongoing record.
- When the user makes an active choice, i.e. actually enters A or B, then the system selects the HCP data associated with the chosen plan for the ongoing record.
- When the user does **NOT** make an active choice, but passively defaults to record A, the system checks the HCP capitated county (which is displayed in the detail data on the INQK screen) for the plan on record A against the counties on the ongoing record in the following order, until a county is matched, or all counties have been checked:
  - ✓ Residence county
  - ✓ Primary eligibility
  - ✓ Special 1 eligibility
  - ✓ Special 2 eligibility
  - ✓ Special 3 eligibility
- When the capitated county for the HCP on record A matches one of the above counties, that plan is selected for the ongoing record. Otherwise, the System checks the HCP capitated county for the plan on record B against the same counties as above on the ongoing record, until a county is matched, or all counties have been checked.
- When the capitated county for the HCP on record B matches one of the above counties, that plan is selected for the ongoing record. Otherwise, the System selects the HCP data on record A for the ongoing record.
- When the HCP status of the non-selected HCP in current month is capitated, the HCP status is changed to a decapitation status.
- A batch alert message number 4025 will be generated for the Medi-Cal Managed Care Division (MMCD) when the HCP status on the frozen record is enrolled for current month and/or first prior month.



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**MEDS NETWORK USER MANUAL**  
**Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)**

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d. Consolidated Record Preview (Screen 4):

This screen is an illustration of the combined or linked ongoing record before making the final step to consolidate the two MEDS. Based on processing rules a BIC issuance option may be available. This screen includes both user and system selected data fields. Online message number #274 or #275 will be displayed on this screen to identify whether the records will be combined or linked.

# MEDS NETWORK USER MANUAL

## Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

ONLY THE DATA FIELDS THAT CAN BE CHANGED BY THE OPERATOR WILL BE DESCRIBED BELOW. ALL OF THE OTHER DATA FIELDS ON THIS SCREEN WERE DESCRIBED ON PRIOR EW11 SCREENS.

```

EW11 SCREEN 4          ** CONSOLIDATED RECORD PREVIEW **          OPR - MM/DD/YY
                               HH:MM:SS
                               *CURRENT**
                               ELIG CO AID ESC  TERM
                               DATE
MEDS-ID                XXX-XX-XXXX  PRIMARY  CPFH CC AA  EEE MM-DD-YY
CIN                    XXXXXXXXXX  SP (SEGMENT) CPFH CC AA  EEE MM-DD-YY
BIRTHDATE              MM-DD-YYYY  SP (SEGMENT) CPFH CC AA  EEE MM-DD-YY
COUNTY-ID             CC-AA-SSSSSSS-F-PP  SP (SEGMENT) CPFH CC AA  EEE MM-DD-YY
NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  FOOD-STAMP  CPFH CC AA  E  MM-DD-YY
RES-COUNTY CC
RES XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  SOC/% XXXXX  CERT-DAY XX
ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ABAWD-CODE X  ABAWD-DATE MM-YYYY
MAIL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  APPL MM-DD-YYYY  FLAG X  DENIAL X
ADDR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  OHC X
AUTHORIZED XXXXXXXXXXXXXXXXXXXXXXXX  RESTRICT XXX
REP-NAME/ XXXXXXXXXXXXXXXXXXXXXXXX  HIC-NO XXXXXXXXXXXXX  MEDICARE XX
ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX  BUY-IN-A MMDDYY XXXX  -B MMDDYY XXXX
ALIEN XXXXXXXXXX ELIG X  IND X  SPNSR X  BENDEX XXXXXXXXXXXXX  MM-DD-YYYY  XX
CTRY-OF-ORIG XX  INS-ENTRY-DT MM-YYYY  HCP1-NO XXX  STAT XX  REAS X  TYPE X
CMS-INDICATORS XX  HCP2-NO XXX  STAT XX  REAS X  TYPE X
CONSOLIDATION RESULTS MESSAGE LINE
(1)
ISSUE BIC (YES/NO)? : YES  [A BIC WILL BE ISSUED BASED ON MEDS INFORMATION]
ENTER "S" TO SELECT: CONFIRM EW11  PREVIOUS
MESSAGE LINE                (2)                (3)
  
```

DATA ELEMENT NAME		Entry Requirement	DATA FIELD Entry Instructions
(1)	ISSUE	System  or  User	This field is system generated but at times can be overridden by the operator. If multiple EW11 transactions are necessary to consolidate records for the same person, the BIC should not be requested until the last EW11 transaction is processed. An EW45 or EW55 can be done the following day to issue BIC when a BIC is not allowed in the EW11 (see Section d.1).
(2)	CONFIRM EW11	Optional	Enter "s" and "enter" keys to advance to the Confirmation screen. Either upper or lower case "s" will be accepted.
(3)	PREVIOUS	Optional	Enter "s" and "enter" keys to return to the previous screen. Either upper or lower case "s" will be accepted.

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## MEDS NETWORK USER MANUAL

### Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

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#### d.1 BIC Card Issuance:

The following rules are used to determine whether MEDS will generate a new BIC card:

- The BIC issue date for the ongoing record will be the most recent BIC issue date. This is not necessarily associated with the CIN.

The paper issue date for the ongoing record will be the most recent date of the other three dates:

- ✓ The non-selected BIC issue date; or
  - ✓ The paper issue date of the selected CIN; or
  - ✓ The paper issue date of the non-selected CIN
- The BIC issue date and the paper issue date for the frozen record, when the frozen record is kept, will not change.
  - The BIC ISSUE will default to “NO” and cannot be overridden when the ongoing record meets one of the following conditions:
    - ✓ Minor consent
    - ✓ Death date
    - ✓ Does NOT contain ongoing or current Medi-Cal/CMSP and is NOT other-BIC-client (i.e. CCS).

Informational message “BIC CANNOT BE ISSUED BASED ON MEDS INFORMATION” will be displayed.

- When the ongoing record contains current or ongoing Medi-Cal/CMSP eligibility or is other-BIC-client and meets one of the following conditions:
  - ✓ The most recent BIC issue date is associated with the non-selected MEDS-ID, and that MEDS-ID is a real SSN; or
  - ✓ The most recent BIC issue date is associated with the non-selected date-of-birth.
    - When there is a deliverable address on the ongoing record, the BIC ISSUE will default to “YES” and cannot be overridden. A BIC will be issued out of the MEDS daily batch process. Informational message “BIC WILL BE ISSUED BASED ON MEDS INFORMATION” will be displayed.

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## MEDS NETWORK USER MANUAL

### Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

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- When there is NOT a deliverable address on the ongoing record, the BIC ISSUE will default to “NO” and cannot be overridden. Informational message “BIC CANNOT BE ISSUED DUE TO UNDELIVERABLE ADDRESS” will be displayed.
- When the ongoing record does not meet any of the above conditions, the BIC ISSUE will default to “NO” and can be overridden. Informational message “A BIC WILL NOT BE ISSUED UNLESS YOU CHOOSE YES” will be displayed.
- When the user changes the BIC ISSUE to “YES”, A BIC will be issued out of the MEDS daily batch process. Informational message “BIC WILL BE ISSUED BASED ON MEDS INFORMATION” will be displayed.
- Multiple records (three or more) may exist for the same client, requiring several EW11 transactions. It is recommended that the user select the “correct” SSN for the ongoing record for the first EW11; and that for each subsequent EW11, the user selects that same SSN for the ongoing record. The sequence of this transaction is important and will help prevent the issuance of unnecessary BIC cards.

#### d.2 Combine or Link:

The following rules are used to determine whether MEDS will combine or link two records.

- Primary eligibility and special program eligibility data of the same type will be combined when:
  - ✓ One record contains Primary eligibility only and the other record contains special program eligibility only. OR
  - ✓ Both records contain special program eligibility and there are no more than three unique special program eligibility segment types reported (i.e. ‘CHILD’, ‘HFAMILY’, etc) between the two records.

Records will be linked if one of the conditions above is not met.

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## MEDS NETWORK USER MANUAL

### Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

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- Food stamp records will be combined when one record has food stamp and/or ABAWD data and the other record does not have food stamp or ABAWD data. The food stamp eligibility and ABAWD data that is present will be placed on the ongoing record.
  - Food stamp records will be linked when both records have food stamp and/or ABAWD data. When the food stamp eligibility and ABAWD data must be linked, the data on the user or system-selected record, if present, will be on the ongoing record, and the data that is present on the non-selected record will be on the frozen record.
  - HCP data will be combined when the HCP data for each HCP type (medical or dental) is present on only one record. The system will select the HCP data that is present for the ongoing record.
  - HCP data will be linked when there is HCP data on both records for the same HCP type. The ongoing record will have the selected HCP data. The frozen record will have the non-selected HCP data.
  - HCP data is selected for the ongoing record when HCP data for each type is present on only one record.
- e. Consolidated Record Preview (Screen 5):

The Confirmation screen provides the operator with a final opportunity to validate whether the records should be consolidated. The operator will enter "Y" to consolidate the two MEDS records or "N" to cancel the consolidation. The system will advance to the "Consolidated Record" screen (screen #6) when "Y" is entered. When "N" is entered, the System will return to the "MEDS Consolidation screen" (screen #1) and all fields previously selected by the operator and System will be lost. No message will be issued.

# MEDS NETWORK USER MANUAL

## Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

EW11 SCREEN 5	** CONFIRMATION **	OPR - MM/DD/YY HH:MM:SS
CONSOLIDATED MESSAGE LINE		
CONSOLIDATED RECORD:		
MEDS-ID XXX-XX-XXXX	CIN XXXXXXXXX	BIRTHDATE MM-DD-YYYY
LINKED/FROZEN RECORD:		
MEDS-ID ???-??-????	CIN XXXXXXXXX	BIRTHDATE MM-DD-YYYY
BIC ISSUE MESSAGE LINE		
CONSOLIDATION IS IRREVOCABLE. SELECT ONE OF THE FOLLOWING:		
(1)		
ENTER 'Y' TO CONSOLIDATE TWO MEDS RECORDS		
OR		
ENTER 'N' TO RETURN TO THE MEDS RECORD CONSOLIDATION (SCREEN 1)		
-		
(2)		
*****		
*** DO NOT ATTEMPT TO DO ANOTHER TRANSACTION FOR THESE RECORDS TODAY ***		
*****		
MESSAGE LINE		

ONLY THE DATA FIELDS THAT CAN BE CHANGED BY THE OPERATOR WILL BE DESCRIBED BELOW. ALL OF THE OTHER DATA FIELDS ON THIS SCREEN WERE DESCRIBED ON PRIOR EW11 SCREENS.

DATA ELEMENT NAME		Entry Requirement	DATA FIELD Entry Instructions
(1)	'Y'	Optional	Enter "Y" and "enter" keys to consolidate or link the two MEDS records. Either upper or lower case "y" will be accepted.
(2)	'N'	Optional	Enter "N" and "enter" keys to return to the MEDS Record Consolidation screen (Screen 1). Either upper or lower case "n" will be accepted.  This will NOT consolidate or the two MEDS records. <u>The operator will return to Screen 1 and all of the data previously selected (by operator or system) will be lost.</u>

# MEDS NETWORK USER MANUAL

## Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

- An online message indicating whether records are to be consolidated or linked will be displayed.
- Consolidated record identifiers will be displayed for the ongoing record.
- Linked/frozen record identifiers will be displayed only when the record is to be kept. Since the pseudo MEDS-ID is not known at this point, question marks will be displayed in this field.
- The BIC Issue message will be displayed.

### f. Consolidated Record Screen (Screen 6):

With the exception of the BIC issuance, the layout of the Consolidated Record screen is identical to the Consolidated Record Preview screen (screen #4) and is provided to alert the operator that the record consolidation was successful. Online message number #400 will be displayed when two records have been combined or linked.

```
EW11 SCREEN 6                ** CONSOLIDATED RECORD **                OPR - MM/DD/YY
                                HH:MM:SS
                                *CURRENT**  TERM
                                ELIG CO AID ESC  DATE
MEDS-ID                      XXX-XX-XXXX  PRIMARY  CPFH CC AA  EEE MM-DD-YY
CIN                          XXXXXXXXXX  SP (SEGMNT) CPFH CC AA  EEE MM-DD-YY
BIRTHDATE                    MM-DD-YYYY  SP (SEGMNT) CPFH CC AA  EEE MM-DD-YY
COUNTY-ID                   CC-AA-SSSSSSS-F-PP SP (SEGMNT) CPFH CC AA  EEE MM-DD-YY
NAME XXXXXXXXXXXXXXXXXXXXXXXX  FOOD-STAMP CPFH CC AA  E  MM-DD-YY
RES-COUNTY CC
RES XXXXXXXXXXXXXXXXXXXXXXXX  SOC/% XXXXX  CERT-DAY XX
ADDR XXXXXXXXXXXXXXXXXXXXXXXX  ABAWD-CODE X  ABAWD-DATE MM-YYYY
MAIL XXXXXXXXXXXXXXXXXXXXXXXX  APPL MM-DD-YYYY  FLAG X  DENIAL X
ADDR XXXXXXXXXXXXXXXXXXXXXXXX  OHC X
AUTHORIZED XXXXXXXXXXXXXXXX  RESTRICT XXX
REP-NAME/ XXXXXXXXXXXXXXXX  HIC-NO XXXXXXXXXXXXX  MEDICARE XX
ADDRESS XXXXXXXXXXXXXXXX  BUY-IN-A MMDDYY XXXX  -B MMDDYY XXXX
ALIEN XXXXXXXX  ELIG X  IND X  SPNSR X  BENDEX XXXXXXXXXXXXX  MM-DD-YYYY  XX
CTRY-OF-ORIG XX  INS-ENTRY-DT MM-YYYY  HCP1-NO XXX  STAT XX  REAS X  TYPE X
CMS-INDICATORS XX  HCP2-NO XXX  STAT XX  REAS X  TYPE X
*****
*** DO NOT ATTEMPT TO DO ANOTHER TRANSACTION FOR THESE RECORDS TODAY ***
*****
MESSAGE LINE
```

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## MEDS NETWORK USER MANUAL

### Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

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- Press “ENTER” or “CTRL” keys to do another EW11 transaction.
- Press the “CLEAR” key to clear the screen.
- To proceed with another transaction, enter the transaction name and press the “enter” key, or press the appropriate PF key.

#### f.1 Non-Displayed Data:

Miscellaneous data that is not displayed on the EW11 transaction screens is selected by the system for the ongoing record. When the miscellaneous data consists of multiple data elements, the miscellaneous data is selected as a group.

- The SSI/SSP eligibility information includes:
  - ✓ SSI/SSP last received date
  - ✓ Last pickle change date
  - ✓ Pickle indicator (includes pickle type and pickle status)
- The SSI/SSP notice of action information includes:
  - ✓ Appeal date
  - ✓ Appeal flag
  - ✓ Level of appeal
  - ✓ Appeal decision code date
  - ✓ Appeal decision code
  - ✓ Notice of action (NOA) date
  - ✓ Notice of action type
- The SSI/SSP eligibility information, SSI/SSP notice of action information, and death information stays with the SSN that is it associated. When this information exists for the selected SSN, it is placed on the ongoing record. When this information exists for the non-selected SSN, it is deleted.
- The multi-SOC case indicator for current month and each of the history (1-15) months on record A, if present, will be selected on the ongoing record for that month. Otherwise, the multi-SOC case indicator for the current month and each of history (1-15) months on record B, if present, will be on the ongoing record. There is no future pending or pending multi-SOC case indicator.



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## MEDS NETWORK USER MANUAL

### Chapter III- Specialized Medi-Cal Eligibility Features (MEDS)

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- The State/Federal Funding Indicator, when present on only one record, is selected for the ongoing record. When the State/Federal Funding Indicator is present on both records, the indicator from record A is selected for the ongoing record.
- Overpayment information includes overpayment recovery indicator and recovery indicator supplement. MEDS will combine the indicators for the ongoing record according to the MEDS business rules when overpayment information is present on both records. The indicator will be deleted from record B.

**NOTE:**

The overpayment recovery indicator supplement is not being posted to MEDS at this time (JUNE 2002). At such time that it does get posted, it will be selected along with the overpayment recovery indicator.

RECORD A and RECORD B (IN EITHER ORDER)	ONGOING RECORD
1 AND 1	1
1 AND 2	3
1 AND 3	3
2 AND 2	2
2 AND 3	3
3 AND 3	3

- Overpayment information, when present on only one record, will be selected for the ongoing record.
- The Assistance Payments Demonstration Project (APDP) indicator stays with the primary Medi-Cal eligibility with which it is associated. When this associated primary Medi-Cal eligibility is to be on the ongoing record, the APDP indicator is also kept on the ongoing record. When this associated primary Medi-Cal eligibility is to be kept on record B, the APDP indicator is also kept on record B.
- File-fix-related information includes file-fix-date and file-fix-initials. MEDS will select the data associated with the most recent file-fix-date when file-fix-related information is present on both records. When the file-fix related information is present on only one record, the System will move this file-fix information to the ongoing record.

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## EW11 TRANSACTION GLOSSARY

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### 3. DEFINITIONS

<b>Active</b>	<b>Any eligibility status other than Terminated; identified by an ESC of less than a 9 in the first position and includes the following:</b> <ul style="list-style-type: none"><li>• Eligible (ESC under 6)</li><li>• Health and welfare program other than Medi-Cal/CMSP, e.g. SLMB, QDWI, out-of-state foster care, unborn, healthy families, medically indigent (ESC 6)</li><li>• Hold (ESC 7)</li><li>• QMB pending Medicare part A and B confirmation (ESC 8)</li></ul>
<b>Combined/ consolidated Records</b>	<b>Combined/consolidated records exist after the EW11 has been completed when the data from both records are merged into a single ongoing record and the other record is deleted from the system.</b>
<b>Current</b>	<b>Eligibility or activity through the end of the current month only.</b>
<b>Current-active</b>	<b>Active as defined above that does not continue past the end of the current month.</b>
<b>Current-eligible</b>	<b>Eigible as defined above that does not continue past the end of the current month. A termination date is present that is not greater than the end of the current month.</b>
<b>Current application</b>	<b>An application with a denial date within the last two months.</b>
<b>Federal record</b>	<b>A federally controlled MEDS record, which is identified by a Government Responsibility Code (GRC) of 2, or a GRC of 3 with the third position of the eligible Eligibility Status Code (ESC) a "6".</b>
<b>Individual HIC Number</b>	<b>The Health Insurance Claim (HIC) number for a claimant who is claiming social security benefits based on their own earnings, rather than earnings from another wage earner, such as a parent or spouse.</b>
<b>Linked Records</b>	<b>Linked records exist when two records remain after the EW11 has been completed, but one record is the ongoing</b>

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## **EW11 TRANSACTION GLOSSARY**

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active record, and the other is the frozen record.

**No Primary  
Eligibility**

A record which has eligibility status equal '999' in segment 1; and there is no Segment 4, 51, and 83 present on the record. (These segments are current, month 1-12 history, pending, and future pending eligibility).

**Non-CWD entity**

An entity other than a county welfare department (CWD) that may do a MEDS inquiry or transaction, such as Healthy Families or California Childrens Services.

**Ongoing**

Eligibility or activity that is beyond the end of the current month, with or without eligibility or activity for the current month.

**Ongoing-active**

Active as defined above for month(s) beyond the current month; may or may not be active for the current month.

**Ongoing-eligible**

Eligible as defined above for month(s) beyond the current month; may or may not be eligible for the current month. A termination date is NOT present; or the termination date, when present, is greater than the end of the current month.

**Ongoing  
application**

An application with an application date within the last four months and no denial date.

**Terminated**

No current or pending eligibility on all current segments

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**EW11 TRANSACTION  
BATCH MESSAGES**

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**TRANSACTION/FILE DATA COMPATABILITY EDITS - 2000 THROUGH 3999**

**DELETED MESSAGES**

**2124      BOTH EW11 RECORDS ARE ACTIVE - ONE MUST BE INACTIVE    *REJECT***

Both records identified on an EW11 are active records. At least one record must be inactive, which means, no pending eligibility information and a current eligibility status of 999, or, a termination date that is not a future date.

**ACTION:** Request MEDS inquiries on both records to obtain current status information. Submit an update as needed to change one record to an inactive status. Recheck the record to verify the inactive status and then resubmit the EW11.

**2125      PREVIOUSLY FROZEN RECORD NOT APPROPRIATE FOR EW11*REJECT***

The MEDS-ID displayed with this message belongs to a frozen record. It is inappropriate to request that a record be linked to a frozen record. Any requests to link additional records should use the MEDS-ID of the ongoing record associated with this frozen record.

**ACTION:** Do an inquiry using the County ID to locate the ongoing record and, if appropriate, resubmit the EW11 using the ongoing MEDS-ID as the MEDS-ID TO-BE-USED.

**2126      EW11 USE NOT YET AVAILABLE FOR MINOR CONSENT                      *REJECT*  
RECIPIENTS**

The MEDS-ID displayed with this message belongs to a record that contains RESTRICTION information indicating that the recipient is a minor consent recipient. The logic necessary to allow the EW11 to link minor consent records is not yet available.

**ACTION:** You may wish to keep track of these records. This logic is planned to be added in the future, at which time these records could be consolidated.

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**EW11 TRANSACTION  
BATCH MESSAGES**

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**2127**      **EW11 ATTEMPTED TO CHANGE SSN OF AN SSI/SSP  
RECIPIENT**      ***REJECT***

The MEDS-ID entered in the CURRENTLY USED MEDS-ID field on an EW11 belongs to a MEDS record identified as an active SSI/SSP recipient. Identification of the SSI/SSP MEDS-ID as CURRENTLY USED would have caused the SSI/SSP MEDS-ID to be changed to the MEDS-ID identified in the MEDS-ID TO-BE-USED field. The EW11 was rejected because the SSN of an active SSI/SSP recipient may not be changed.

**ACTION:** If the MEDS-ID on the active SSI/SSP record is the correct SSN and the two records should be linked, resubmit the EW11 with the SSI/SSP record identified as the MEDS-ID TO-BE-USED. If you have information indicating that the SSN on the active SSI/SSP record is incorrect, contact your MEDS Network Liaison in Medi-Cal eligibility branch.

**2149**      **EW11 RECORDS MAY NOT CONTAIN TWO DIFFERENT  
HIC-NOS**      ***URGENT***

**ACTION:**

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**EW11 TRANSACTION  
BATCH MESSAGES**

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**HEALTH CARE PLAN UPDATE EDITS/ALERTS - 4000 THROUGH 4099**

**DELETED MESSAGE**

**4024      EW11 RECORD FROZEN - PHP MOVED TO ONGOING RECORD      *ALERT***

An EW11 transaction has linked two records identified as belonging to the same individual. There was a current active PHP status on the frozen record and no current PHP status on the ongoing record. A PHP enrollment status was established on the ongoing record.

No message is generated unless there is capitated status on both records in the same type of HCP.

**REVISED MESSAGE**

**4025      HCP DATA OF SAME TYPE IS CAPITATED ON BOTH RECORDS      *ACTION***

An EW11 transaction has linked two records identified as belonging to the same individual. There is a capitated status on both records for the same month (current month and/or first prior month) for the same HCP type. The recipient will remain capitated in the HCP shown on both records for the current month and/or first prior month unless some alternative action is initiated by Managed Care.

**ACTION:** Both records should be reviewed by Managed Care to determine whether there is follow-up action needed to correct for duplicate capitation payments.

When the message is generated for the current month, the recipient will continue to be capitated in the HCP on the ongoing record unless a HCP disenrollment is processed before the next MEDS Renewal.

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**EW11 TRANSACTION  
BATCH MESSAGES**

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**OTHER HEALTH COVERAGE UPDATE EDITS/ALERTS - 4100 THROUGH 4200**

**REVISED MESSAGE**

**4101      EW11 RECORD FROZEN - OTHER COVERAGE DIFFERENCES      *ACTION***

For a given month (current, history, pending, or future pending), one record had an OHC code of "L" and the other record had an OHC code of "A". Both records now have an OHC code of A in the given month.

**ACTION:** None.

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**EW11 TRANSACTION  
BATCH MESSAGES**

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**SURVEILANCE&UTILIZATION REVIEW UPDATE EDITS/ALERTS - 4400 THROUGH 4499**

**REVISED MESSAGE**

**4406      EW11 RECORD FROZEN - S/URS RESTRICTION DIFFERENCES    *ALERT***

When an EW11 transaction has combined or linked two records identified as belonging to the same individual, both records have restriction codes for the same month (current, history, pending, or future pending), and the restriction codes are different. Only the first month in which a difference was found is shown on the report.

When the EW11 transaction has combined the records,  
When the restriction code is present on only one record for that month, the restriction code that is present will be on the ongoing record (record A).

When the restriction code is present on both records for that month, the restriction code for record A for that month will be on the ongoing record (record A).

When an EW11 transaction has linked the two records the restriction codes remain on their respective record for that month.

**ACTION:** Review both records to determine whether any change in the restricted status is needed.



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## EW11 TRANSACTION BATCH MESSAGES

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### MEDICARE BUY-IN UPDATE EDITS/ALERTS- 4500 THROUGH 4799

#### REVISED MESSAGE

4500      EW11 – BOTH RECORDS HAVE ONGOING BUY-IN      *ALERT*

An EW11 transaction has linked two records identified as belonging to the same individual and the to-be-frozen record has ongoing Buy-In. This message is generated when the HIC number on the to-be-frozen record is an individual HIC, and its associated SSN is not selected to be the ongoing SSN; or when the HIC number on the to-be-frozen record is not an individual HIC number.

ACTION: Review both records to recover duplicate Buy-in payments to the Centers for Medicare and Medicaid Services (CMS).

#### DELETED MESSAGE

4501      EW11 RECORD FROZEN - MEDICARE STATUS DIFFERENCES      *ALERT*

An EW11 transaction has linked two records identified as belonging to the same individual. There were differences in Medicare status between the two records. NOTE: Only the first month in which a difference was found is shown on the report.

ACTION: Review both records to determine which months on which record require a change in Medicare status. No new eligibility can be established on the frozen record for any month with a 999 eligibility status so no update of Medicare status is needed for those months. Initiate changes to Medicare status as needed.

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## EW11 TRANSACTION BATCH MESSAGES

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### DAILY ELIGIBILITY ALERTS - 9000 THROUGH 9499

#### NEW MESSAGE

**9032      EW11 – CRITICAL CLIENT DATA CHANGED; CHECK FOR SYSTEM UPDATE      *ALERT***

The county code or State entity of the active eligibility or application that was combined or linked by an EW11 transaction is different from the county or State entity who initiated the transaction, and one or more of the following occurred:

- The MEDS IDs were swapped between the two records;
- The CINs were swapped between the two records;
- The birthdate on the to be frozen record was changed to match the birthdate of the ongoing record;
- The MEDS ID on the to be frozen record was changed to a pseudo MEDS ID;

**ACTION:** Verify that the MEDS ID, CIN, and birthdate of your affected MEDS record matches that data for the corresponding record in your county or State system. Correct the data in your county or State system if necessary.

#### REVISED MESSAGE

**9027      EW11 COMBINED TWO ACTIVE RECORDS – CHECK FOR ELIG IMPACT      *ALERT***

An EW11 transaction was done by a county or an State entity other than California Children's Services (CMS) and the CMS indicators are now associated with a different Client Index Number (CIN).

**ACTION:** Update the CIN on the CMS Net System to match the CIN on MEDS.

**9029      DUPLICATE ACTIVE APPLICATIONS IDENTIFIED      *ACTION***

An application on MEDS has been overlaid by an application of the same priority. This message is generated by an EW11 transaction when the county or State entity affected by the transaction is different from the county or State

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## EW11 TRANSACTION BATCH MESSAGES

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entity who initiated the transaction. This message is also generated by other daily transactions, such as application transactions, regardless whether the affected county or State entity matches the county or State entity who initiated the transaction.

ACTION: Verify the application information on MEDS. Correct the data in your county or State system if necessary.

### EXISTING MESSAGES

9019     MEDS SHOWS FOOD STAMP CLIENT CURRENTLY RECEIVING     \**ACTION*  
SSI/SSP

This alert is generated when MEDS receives an update indicating that a client is receiving SSI/SSP cash assistance and the client shows ongoing food stamp eligibility on MEDS.

ACTION: Determine whether the client's food stamp eligibility should be discontinued.

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**EW11 TRANSACTION  
BATCH MESSAGES**

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**RENEWAL ELIGIBILITY ALERTS - 9500 THROUGH 9999**

**REVISED MESSAGE**

**9518      MEDS SHOWS FOOD STAMP CLIENT CURRENTLY RECEIVING      *\*ACTION*  
SSI/SSP**

This alert is generated when MEDS shows that a client is receiving SSI/SSP cash assistance and shows ongoing food stamp eligibility on MEDS.

ACTION: Determine whether the client's food stamp eligibility should be discontinued.

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**EW11 TRANSACTION  
BATCH MESSAGES**

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**HOTLINE MESSAGES - XXXX**

**DELETED MESSAGES**

<u>X009</u>	<u>EW11 FAILED - DATABASE/LOGIC PROBLEM - CALL HOTLINE</u>	<i>HOTLINE</i>
<u>X011</u>	<u>EW11 DELETED RECORD HAD FOOD STAMP- CALL HOTLINE</u>	<i>HOTLINE</i>
<u>X012</u>	<u>EW11 FAILED - EW11 USAGE LOGIC PROBLEM - CALL HOTLINE</u>	<i>HOTLINE</i>

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## EW11 TRANSACTION ONLINE MESSAGES

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### 2. ONLINE MESSAGES

#### NEW MESSAGES

##### #266      TRANSACTION CIN DOES NOT MATCH MEDS CIN

The Client Index Number (CIN) entered on the transaction does not match the CIN on MEDS for this record.

**ACTION:** Verify that the CIN for the record was correctly entered. If not, enter the correct CIN for the record. If it was, verify that you have the correct record for the transaction.

##### #267      AUTHORIZATION FAILED; ACTIVE STATUS IN AOTHER COUNTY/PROGRAM

This message occurs for EW11 transactions when either record is active and your county or program does not have an active status.

**ACTION:** Verify that you have the correct records to be consolidated. If so, contact the county or program of the active status to have the records consolidated. If not, re-enter the EW11 transactions for the correct record(s).

##### #268      AUTHORIZATION FAILED; RECORD HAS ONGOING OR CURRENT CWD ACTIVITY

This message occurs when the EW11 transaction is initiated by a non-county welfare department (CWD) program and the record is active in a CWD program.

**ACTION:** Verify that you have the correct records to be consolidated. If so, contact the county of the active status to have the records consolidated. If not, re-enter the EW11 transactions for the correct record(s).

##### #269      RECORD IS ALREADY FROZEN

Neither record on the EW11 transaction can be already frozen.

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## EW11 TRANSACTION ONLINE MESSAGES

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### ACTION:

Request an inquiry on the MEDS ID of the previously frozen record. Continue additional inquiries using the CHAINED-ID until the active record is found (there are no further CHAINED-Ids). Re-enter the EW11 transaction using the active MEDS-ID.

### #270      BOTH RECORDS CANNOT BE ONGOING IN SAME TYPE OF ELIGIBILITY SEGMENT

Both records on the EW11 transaction have ongoing eligibility in the same type of eligibility program, i.e. primary, CHILD, HFAMILY.

ACTION: Verify that you have the correct records to be consolidated. If so, terminate the eligibility for the program on one of the records and re-enter the EW11 transaction. If not, re-enter the EW11 transactions for the correct record(s).

### #271      TOO MANY ACTIVE SEGMENTS TO COMBINE; CALL HOTLINE FOR ASSISTANCE

There are more than 3 different special program eligibility types (i.e. CHILD, HFAMILY) on both records on the EW11 transaction.

ACTION: Call the HOTLINE for assistance.

### #272      BOTH RECORDS MUST BE MINOR CONSENT OR ONE RECORD MUST BE TRUNCATED

On the EW11 transaction, one record has active minor consent eligibility and the other record is active and does not have minor consent eligibility. An active minor consent record can only be consolidated with another minor consent record or a truncated record.

ACTION: Verify that you have the correct records to be consolidated. If so, terminate the active minor consent eligibility and re-enter the EW11 transaction. If not, re-enter the EW11 transactions for the correct record(s).

### #273      PREVIOUSLY SELECTED ITEM(S) WERE OVER-RIDDEN AND ARE NOW SYSTEM-SELECTED

On the EW11 transaction, one or more of the items (fields) selected by

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## **EW11 TRANSACTION ONLINE MESSAGES**

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the system or the user were over-ridden and are selected by the system, based on other user- or system-selected items.

**ACTION:** Verify (on screen 4) that the data will be consolidated as you expected. If not, correct the record(s) and/or re-enter the EW11 transaction.

### **#274      ALL DATA CONSOLIDATED INTO ONE RECORD**

The data from both records on the EW11 transaction has been merged (combined) into one ongoing record. The non-ongoing record will be deleted.

**ACTION:** None.

### **#275      SOME DATA WILL BE KEPT ON LINKED/FROZEN RECORD**

Both records on the EW11 transaction remain on MEDS. One record becomes the ongoing record and the other record becomes the frozen record. Once the record is frozen, no eligibility can be added to that record. All eligibility updates are applied to the ongoing record.

**ACTION:** None.

### **#276      WARNING! TRANSACTION MUST BE COMPLETED BEFORE 5 PM**

This message is issued when the user initiates the EW11 transaction between 4:45 PM and 5:00 PM. The online transaction region closes at 5:00 PM. If the transaction is not completed before 5:00 PM, the transaction will not be included in today's transactions to be processed.

**ACTION:** Make sure that the transaction can be completed before 5:00 PM, or wait until the next business day.

### **#277      TRANSACTION NOT ALLOWED AFTER 5 PM. TRY AGAIN TOMORROW**

This message is issued when the user initiates the transaction between 5:00 PM and 2:00 AM. The online transaction region closes at 5:00 PM.

**ACTION:** Wait until the next business day to enter the transaction.

### **#278      SYSTEM PROBLEM OCCURRED DURING COMBINE PROCESSING; CALL HOTLINE**



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## EW11 TRANSACTION ONLINE MESSAGES

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This message is issued when a system problem has occurred after the user has hit enter on screen 5 of the EW11 transaction.

ACTION: Call the HOTLINE for assistance.

**#279**      **EW11 TRANSACTION ALREADY DONE FOR THIS ID TODAY. TRY AGAIN TOMORROW**

Only one EW11 transaction can be done per day for either record. When there are more than two records on MEDS for the same individual, multiple EW11 transactions are necessary. However, they must be done on separate days.

ACTION: Do the next EW11 transaction for the individual on the next business day.

**#283**      **RECORD TO BE COMBINED WITH MINOR CONSENT MUST HAVE A PSEUDO MEDS ID**

A minor consent record can only be combined with another minor consent record or a truncated record. Both records must have a pseudo MEDS ID.

ACTION: Change the MEDS ID of the truncated record to a pseudo MEDS ID. If one of the minor consent records does not have a pseudo MEDS ID, call the MEDS HOTLINE for assistance.

**#284**      **RECORD TO BE COMBINED WITH FEDERAL RECORD CANNOT HAVE VERIFIED SSN**

The record to be combined with a federal record can not have a verified SSN.

ACTION: If the federal record has a real SSN that is not correct for the recipient, then the MEDS ID on the federal record must be changed to a pseudo MEDS ID before the EW11 can be done.

If the other record is a county record with a verified SSN that is not correct for the recipient, then the SSN verification must be removed before the EW11 can be done.

**#285**      **BOTH RECORDS CANNOT BE FEDERAL RECORDS**

Both records can not be federal records with a real SSN.

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## EW11 TRANSACTION ONLINE MESSAGES

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**ACTION:** The SSN on one of the records must be changed to a pseudo MEDS ID prior to doing the EW11.

**#400**      **MEDS RECORD CONSOLIDATION SUCCESSFUL. PRINT THIS SCREEN FOR YOUR RECORDS**

The records on the EW11 transaction have been successfully consolidated.

**ACTION:** Print this screen for your records. View the consolidated records by requesting an INQM, INQ1, INQ2, INQ3, or INQI inquiry on each MEDS ID.

### **REVISED MESSAGES**

**#229**      **THE MEDS-ID FOR EACH RECORD CANNOT BE THE SAME**

The MEDS-ID entered for record A and record B on the EW11 transaction are the same.

**ACTION:** Verify that the MEDS-ID for each record was correctly entered. If not, enter the correct MEDS-ID for each record. If they were, verify that you have the correct records to be consolidated.

### **DELETED MESSAGE**

**#389**      **RE-READ EW11 INSTRUCTIONS - - KNOW WHAT YOU ARE DOING !!!**

An EW11 transaction was submitted and was invalid.

**ACTION:** Correct invalid entries and resubmit the transaction if needed.

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## EW11 TRANSACTION ONLINE MESSAGES

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### EXISTING MESSAGES

#### #010      REQUIRED FIELD MISSING

One or more of the required fields for this transaction is missing. The required fields for each transaction are underscored on the screen.

**ACTION:** Enter all required fields and resubmit the transaction. Refer to the appropriate "Online Transactions" chapter to determine required fields.

#### #092      ATTEMPT TO USE UNAUTHORIZED TRANSACTION

The password used to signon to the MEDS Network is not authorized to use the transaction requested.

**ACTION:** Check to ensure that the correct number was entered, if not correct and resubmit. If you believe that the password should be authorized to use the transaction requested, contact your county MEDS Security Officer.

#### #107      MEDS-ID NOT ON MEDS MASTER FILE

The MEDS-ID entered on the transaction could not be found on the MEDS Master File.

**ACTION:** Check that the MEDS-ID was entered correctly. If it was not, correct and resubmit the transaction. If no entry was made, enter and resubmit the transaction. If MEDS-ID is unknown, inquire by the COUNTY-ID to obtain the MEDS-ID associated with the COUNTY-ID entered.

#### #109      TRANSACTION BIRTHDATE DOES NOT MATCH MEDS BIRTHDATE

The TRANSACTION BIRTHDATE did not match the BIRTHDATE known to MEDS.

**ACTION:** Correct the TRANSACTION BIRTHDATE and resubmit the transaction.

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## EW11 TRANSACTION ONLINE MESSAGES

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### **#142      MEDS-ID ALREADY VERIFIED, CANNOT BE CHANGED**

The SSN-VER code on the recipient's record indicates that the MEDS-ID (SSN) has been verified by SSA. A verified MEDS-ID cannot be changed by a county.

**ACTION:** Request an inquiry to compare the transaction information against recipient information on MEDS. If the verified MEDS-ID is incorrect on MEDS, refer the recipient with an MC194 to the SSA District Office for SSA correction. When the MC194 is returned, contact your State MEDS Network Liaison to change the verification code, thus allowing you to correct the MEDS-ID.

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## EW11 TRANSACTION ONLINE MESSAGES

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### 2. ONLINE MESSAGES

#### NEW MESSAGES

##### #266      TRANSACTION CIN DOES NOT MATCH MEDS CIN

The Client Index Number (CIN) entered on the transaction does not match the CIN on MEDS for this record.

ACTION: Verify that the CIN for the record was correctly entered. If not, enter the correct CIN for the record. If it was, verify that you have the correct record for the transaction.

##### #267      AUTHORIZATION FAILED; ACTIVE STATUS IN AOTHER COUNTY/PROGRAM

This message occurs for EW11 transactions when either record is active and your county or program does not have an active status.

ACTION: Verify that you have the correct records to be consolidated. If so, contact the county or program of the active status to have the records consolidated. If not, re-enter the EW11 transactions for the correct record(s).

##### #268      AUTHORIZATION FAILED; RECORD HAS ONGOING OR CURRENT CWD ACTIVITY

This message occurs when the EW11 transaction is initiated by a non-county welfare department (CWD) program and the record is active in a CWD program.

ACTION: Verify that you have the correct records to be consolidated. If so, contact the county of the active status to have the records consolidated. If not, re-enter the EW11 transactions for the correct record(s).

##### #269      RECORD IS ALREADY FROZEN

Neither record on the EW11 transaction can be already frozen.

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## EW11 TRANSACTION ONLINE MESSAGES

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### ACTION:

Request an inquiry on the MEDS ID of the previously frozen record. Continue additional inquiries using the CHAINED-ID until the active record is found (there are no further CHAINED-Ids). Re-enter the EW11 transaction using the active MEDS-ID.

### #270      BOTH RECORDS CANNOT BE ONGOING IN SAME TYPE OF ELIGIBILITY SEGMENT

Both records on the EW11 transaction have ongoing eligibility in the same type of eligibility program, i.e. primary, CHILD, HFAMILY.

ACTION: Verify that you have the correct records to be consolidated. If so, terminate the eligibility for the program on one of the records and re-enter the EW11 transaction. If not, re-enter the EW11 transactions for the correct record(s).

### #271      TOO MANY ACTIVE SEGMENTS TO COMBINE; CALL HOTLINE FOR ASSISTANCE

There are more than 3 different special program eligibility types (i.e. CHILD, HFAMILY) on both records on the EW11 transaction.

ACTION: Call the HOTLINE for assistance.

### #272      BOTH RECORDS MUST BE MINOR CONSENT OR ONE RECORD MUST BE TRUNCATED

On the EW11 transaction, one record has active minor consent eligibility and the other record is active and does not have minor consent eligibility. An active minor consent record can only be consolidated with another minor consent record or a truncated record.

ACTION: Verify that you have the correct records to be consolidated. If so, terminate the active minor consent eligibility and re-enter the EW11 transaction. If not, re-enter the EW11 transactions for the correct record(s).

### #273      PREVIOUSLY SELECTED ITEM(S) WERE OVER-RIDDEN AND ARE NOW SYSTEM-SELECTED

On the EW11 transaction, one or more of the items (fields) selected by

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## EW11 TRANSACTION ONLINE MESSAGES

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the system or the user were over-ridden and are selected by the system, based on other user- or system-selected items.

**ACTION:** Verify (on screen 4) that the data will be consolidated as you expected. If not, correct the record(s) and/or re-enter the EW11 transaction.

### **#274**      **ALL DATA CONSOLIDATED INTO ONE RECORD**

The data from both records on the EW11 transaction has been merged (combined) into one ongoing record. The non-ongoing record will be deleted.

**ACTION:** None.

### **#275**      **SOME DATA WILL BE KEPT ON LINKED/FROZEN RECORD**

Both records on the EW11 transaction remain on MEDS. One record becomes the ongoing record and the other record becomes the frozen record. Once the record is frozen, no eligibility can be added to that record. All eligibility updates are applied to the ongoing record.

**ACTION:** None.

### **#276**      **WARNING! TRANSACTION MUST BE COMPLETED BEFORE 5 PM**

This message is issued when the user initiates the EW11 transaction between 4:45 PM and 5:00 PM. The online transaction region closes at 5:00 PM. If the transaction is not completed before 5:00 PM, the transaction will not be included in today's transactions to be processed.

**ACTION:** Make sure that the transaction can be completed before 5:00 PM, or wait until the next business day.

### **#277**      **TRANSACTION NOT ALLOWED AFTER 5 PM. TRY AGAIN TOMORROW**

This message is issued when the user initiates the transaction between 5:00 PM and 2:00 AM. The online transaction region closes at 5:00 PM.

**ACTION:** Wait until the next business day to enter the transaction.

### **#278**      **SYSTEM PROBLEM OCCURRED DURING COMBINE PROCESSING; CALL HOTLINE**

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## EW11 TRANSACTION ONLINE MESSAGES

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This message is issued when a system problem has occurred after the user has hit enter on screen 5 of the EW11 transaction.

**ACTION:** Call the HOTLINE for assistance.

**#279**      **EW11 TRANSACTION ALREADY DONE FOR THIS ID TODAY. TRY  
AGAIN TOMORROW**

Only one EW11 transaction can be done per day for either record. When there are more than two records on MEDS for the same individual, multiple EW11 transactions are necessary. However, they must be done on separate days.

**ACTION:** Do the next EW11 transaction for the individual on the next business day.

**#283**      **RECORD TO BE COMBINED WITH MINOR CONSENT MUST HAVE A  
PSEUDO MEDS ID**

A minor consent record can only be combined with another minor consent record or a truncated record. Both records must have a pseudo MEDS ID.

**ACTION:** Change the MEDS ID of the truncated record to a pseudo MEDS ID. If one of the minor consent records does not have a pseudo MEDS ID, call the MEDS HOTLINE for assistance.

**#284**      **RECORD TO BE COMBINED WITH FEDERAL RECORD CANNOT HAVE  
VERIFIED SSN**

The record to be combined with a federal record can not have a verified SSN.

**ACTION:** If the federal record has a real SSN that is not correct for the recipient, then the MEDS ID on the federal record must be changed to a pseudo MEDS ID before the EW11 can be done.

If the other record is a county record with a verified SSN that is not correct for the recipient, then the SSN verification must be removed before the EW11 can be done.

**#285**      **BOTH RECORDS CANNOT BE FEDERAL RECORDS**

Both records can not be federal records with a real SSN.



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## EW11 TRANSACTION ONLINE MESSAGES

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**ACTION:** The SSN on one of the records must be changed to a pseudo MEDS ID prior to doing the EW11.

**#289**      **INVALID TRANSACTION CODE FOR YOUR COUNTY/PROGRAM**

The transaction code you have entered is not a valid transaction code for your county or non-County Welfare Department (non-CWD) program.

**ACTION:** Ensure that you have entered the correct transaction code assigned to counties or your non-CWD program. Re-enter the correct transaction code. Call the HOTLINE for assistance.

**#400**      **MEDS RECORD CONSOLIDATION SUCCESSFUL. PRINT THIS SCREEN FOR YOUR RECORDS**

The records on the EW11 transaction have been successfully consolidated.

**ACTION:** Print this screen for your records. View the consolidated records by requesting an INQM, INQ1, INQ2, INQ3, or INQI inquiry on each MEDS ID.

### **REVISED MESSAGES**

**#229**      **THE MEDS-ID FOR EACH RECORD CANNOT BE THE SAME**

The MEDS-ID entered for record A and record B on the EW11 transaction are the same.

**ACTION:** Verify that the MEDS-ID for each record was correctly entered. If not, enter the correct MEDS-ID for each record. If they were, verify that you have the correct records to be consolidated.

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## EW11 TRANSACTION ONLINE MESSAGES

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### DELETED MESSAGE

**#389      RE-READ EW11 INSTRUCTIONS - - KNOW WHAT YOU ARE DOING !!!**

An EW11 transaction was submitted and was invalid.

ACTION: Correct invalid entries and resubmit the transaction if needed.

### EXISTING MESSAGES

**#010      REQUIRED FIELD MISSING**

One or more of the required fields for this transaction is missing. The required fields for each transaction are underscored on the screen.

ACTION: Enter all required fields and resubmit the transaction. Refer to the appropriate "Online Transactions" chapter to determine required fields.

**#092      ATTEMPT TO USE UNAUTHORIZED TRANSACTION**

The password used to signon to the MEDS Network is not authorized to use the transaction requested.

ACTION: Check to ensure that the correct number was entered, if not correct and resubmit. If you believe that the password should be authorized to use the transaction requested, contact your county MEDS Security Officer.

**#107      MEDS-ID NOT ON MEDS MASTER FILE**

The MEDS-ID entered on the transaction could not be found on the MEDS Master File.

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## EW11 TRANSACTION ONLINE MESSAGES

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**ACTION:** Check that the MEDS-ID was entered correctly. If it was not, correct and resubmit the transaction. If no entry was made, enter and resubmit the transaction. If MEDS-ID is unknown, inquire by the COUNTY-ID to obtain the MEDS-ID associated with the COUNTY-ID entered.

**#109**      **TRANSACTION BIRTHDATE DOES NOT MATCH MEDS BIRTHDATE**

The TRANSACTION BIRTHDATE did not match the BIRTHDATE known to MEDS.

**ACTION:** Correct the TRANSACTION BIRTHDATE and resubmit the transaction.

**#142**      **MEDS-ID ALREADY VERIFIED, CANNOT BE CHANGED**

The SSN-VER code on the recipient's record indicates that the MEDS-ID (SSN) has been verified by SSA. A verified MEDS-ID cannot be changed by a county.

**ACTION:** Request an inquiry to compare the transaction information against recipient information on MEDS. If the verified MEDS-ID is incorrect on MEDS, refer the recipient with an MC194 to the SSA District Office for SSA correction. When the MC194 is returned, contact your State MEDS Network Liaison to change the verification code, thus allowing you to correct the MEDS-ID.